Lisle Park District
Gentle Learning Preschool
Payment Authorization

Childs Name:_____

Class: 3 yr-T & Th 3 yr-MWF 4 yr-MWF 4 yr-M-F (circle one)

I am a _____Lisle Park District Resident_____ Lisle Park District Non-Resident

Fees: 2 day $115/$130 3 day $135/$150 5 day $195/$210

Credit/Debit Card

I authorize direct charges to my (check one) VISA____ Master Card____ or Discover. Payment will be charged the first of each month, September 2018 through May 2019. I understand if I choose to cancel this request, I must notify the Recreation Center Front Desk.

Card #: _____CVC code_____

Expiration Date: _____

Withdrawal from Checking Account

I authorize direct debit from checking account. Payment will be withdrawn the first of each month, September 2018 through May 2019. I understand if I choose to cancel this request, I must notify the Recreation Center Front Desk.

Bank name: _____

Routing Number: _____Account: _____

I hereby agree to and accept the terms of the Lisle Park District Payment Authorization.

_____
Signature

Parent Name_____

Address:_____
Street City Zip

Date:_____ Phone: _____