

Parent/Guardian Last Name: _____ First: _____ School: _____

**CHICO AREA RECREATION AND PARK DISTRICT (CARD)
545 VALLOMBROSA AVE, CHICO, CA 95926 (530) 895-4711**

Automatic Payment Form 2011-2012

Cardholder Name: _____

Daytime phone number: _____

Billing address: _____ ZIP: _____

Card # _____ Expiration Date: _____

Child's Name: _____ School: _____

ENROLLMENT: M-F _____ MWF _____ T/Th _____

Consent for Automatic Credit Card Payment

I, _____ hereby authorize Chico Area Recreation and Park District (CARD) to charge my account number listed above on the 25th of each month, for fees incurred for the After School Program for the child/children listed above. This payment will continue through April 25, 2012 or until CARD is notified that the services are no longer requested.

SIGNATURE: _____ **DATE:** _____

NAME (PRINTED): _____

OFFICE USE ONLY