



Chico Area
Recreation and
Park District

Toddler Programs
AUTOMATIC PAYMENT

September 2016-May 2017



To sign up for automatic payment, please present your payment method (credit card or bank account information) to the CARD Office when turning in this form. Toddler Programs can no longer accept automatic payment forms on-site, they must be turned into the CARD Office by the account holder.

By signing up for the automatic payment plan, your monthly tuition will be deducted from the account provided to the CARD Office on the 25th of each month. The last payment will be deducted on April 25, 2017 for the May 2017 payment unless CARD is notified that the services are no longer needed prior to that date.

If the payment method is declined for any reason, we will notify you by phone or email and request an alternate method of payment. If payment is not received by the last business day of the month, the fee will increase and your child may not attend the program until payment is made. Your spot will be forfeited if payment is not received in full by the 4th of the month. If your payment form is **declined for any three months** during the school year, you will be removed from the automatic payment plan. It will be your responsibility to make the monthly payment using an alternate method by the last day of the month.

Child's Name: _____

- Program (check one):
- Our Time Together Mon. \$29
 - Our Time Together Wed. \$33
 - Our Time Together Mon. /Wed. \$56
 - Tiny Tots (T/Th) \$99
 - Kinder Readiness (M-Th) \$169

Parent Name: _____

Consent for Automatic Credit Card or Bank Account Payment

I, _____ (account holder) hereby authorize Chico Area Recreation and Park District (CARD) to charge my account on the 25th of each month (or the next business day if the 25th falls on a weekend or holiday), for fees incurred for the Toddler Program for the child/children listed above. I understand last payment will be deducted on April 25, 2017 for the May 2017 payment unless CARD is notified that the services are no longer needed prior to that date.

Account Holder Name _____

Phone # _____

Account Holder Signature _____ DATE: _____

OFFICE USE ONLY

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Chico, CA 95926
office: 530 895.4711
fax: 530 895.4721

