



# PRAIRIE LAKES SWIM SCHOOL

at the Prairie Lakes Aquatic Center

515 E. Thacker Street • Des Plaines, IL 60016 • 847-390-4599

## Electronic Funds Transfer Authorization Form

Account Holder's Name \_\_\_\_\_ Date \_\_\_\_\_

Prairie Lakes Front Desk Staff : Name \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Number

Exp. Date   /      Visa  Mastercard  Discover  
Month Year 3-Digit CVV (On the back of your card)

I, \_\_\_\_\_, agree to allow my credit/debit card account to be automatically charged/debited for the **Prairie Lakes Swim School Membership(s)** monthly payment amount of \$ \_\_\_\_\_ (Note: The amount will be reviewed for accuracy.)

Initials \_\_\_\_\_

Initial payment due at registration \$ \_\_\_\_\_ Initials \_\_\_\_\_

I understand that a monthly payment of \$ \_\_\_\_\_ (will be reviewed for accuracy) will be withdrawn from my account on the 15th day of the month or closest business day. I understand that the monthly deductions from my account will begin during the month of \_\_\_\_\_ year \_\_\_\_\_ (will be reviewed for accuracy).

Initials \_\_\_\_\_

I understand that I will be notified by the **Des Plaines Park District** about any membership(s) fee increases.

I understand and accept that the membership(s) fee increases will be automatically passed onto my account, thereby adjusting my monthly payment amount to the current annual published rate.

Initials \_\_\_\_\_

I understand that should the information on this form not be accurate, I will be contacted by phone and I agree that the amount will be adjusted according to the current annual rate. I understand that should the account provided be closed or expired, it is my responsibility to contact the park district to fulfill my financial obligation of the membership.

Initials \_\_\_\_\_

I understand that the EFT membership(s) payments will continue until I cancel my membership with a formal written request to the park district, no sooner than the end of the 3rd full month of membership but a minimum of 5 days prior to the payment date. Requests can be mailed to or dropped off at Prairie Lakes Community Center, 515 E. Thacker St., Des Plaines, IL 60016, attn. Jessica Paneral, or emailed to Jessica.Paneral@DPParks.org.

Initials \_\_\_\_\_

A \$25.00 service fee will be charged for each returned/refused EFT from the participant's account, or if a participant closes the recorded account without 15 days notice. The amount of the missed payment(s) plus the \$25.00 service charge is required within ten (10) days of notification (written or verbal),

Initials \_\_\_\_\_

I have read and fully understand the terms, and agree to all in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_