



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I understand that a monthly payment of \$ \_\_\_\_\_ (will be reviewed for accuracy) will be withdrawn from my account on the 15th day of the month or closest business day.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