



HUNTLEY PARK DISTRICT SEEDLINGS PRESCHOOL

INSTALLMENT BILLING FORM



By signing this form I authorize the Huntley Park District to initiate debits/deposits to my checking/savings account at the institution named or the credit card company selected.

All monthly fees are due on the 15th of the month prior to attending. (Example: September monthly fee is due August 15th.) The monthly fee will be taken out on the 15th of each month beginning in August 2015 and ending in April 2016.

There will be a \$25 fee for insufficient funds on automatic payments.

PLEASE PRINT

Child's First Name: _____ Last Name: _____

Parent's First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Type of Payment (Circle One): **VISA** **MASTERCARD** **CHECKING**

If paying by check, please attach a voided check

Credit Card # _____ Expiration Date _____

Signature: _____ Date: _____