

2011-2012 School Year
Butterfield Park District 21w730 Butterfield Road
Lombard, IL 60148 630-858-2229

PRESCHOOL AUTO DEBIT FORM

Must fill out new Auto Debit Form for each new school year

Cardholder's Name: _____

Credit Card #: _____

Exp Date: _____

Electronic Debit: Routing Number: _____ Checking Account Number: _____

Address/City/Zip: _____

Participants names for which the auto debit will be used: _____

I (we) hereby authorize Butterfield Park District, to initiate debit entries to my (our) Credit Card Checking account (select one) indicated above on the due dates for which is agreed upon per program registration. This authorization is to remain in full force and effective until Butterfield Park District has received written notification from me, and/or the expiration of program registration services.

Signature: _____

To request different payment arrangements, please speak with the administrative office.