



21W730 Butterfield Road Lombard IL 60148
630.858.2229 www.butterfieldpd.com Fax 630.858.2234

AUTO DEBIT FORM

Cardholder's Name: _____

Credit Card #: _____

Exp Date: _____ V-Code: _____

Address/City/Zip: _____

Participants name for which auto debit will be used: _____

Program Auto/Debit Card is authorized for:

All Butterfield Park District Programs Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

I (we) hereby authorize Butterfield Park District, to initiate 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. **Please notify Butterfield Park District with new expiration dates/changes to accounts, etc. Please verify your accounts to make sure payments are being debited and the payment amount is correct.**

**Your receipt will now show an Active Net processing fee. The fee has been initiated by Active Net and the Butterfield Park District does not receive any of these funds.
We will continue to absorb the transaction fees.**

initiated by using your credit card. Payment by cash or check will not incur the processing fee.

Signature: _____