

Camp Wauconda- Automatic Charge Form 2019

The Park District offers an automatic credit card payment option for weekly Camp fees. Your credit card will be billed automatically on the date listed for each week

Child's Name _____ 2nd Child _____ 3rd Child _____

Payer's Full Name _____

➤ *If the amount is not the same each week, please write each week's amount in the area below.*

<u>Week #:</u>	<u>Amount 1st child</u>	<u>Amount 2nd child</u>	<u>Amount 3rd child</u>	<u>TOTAL</u>	<u>DUE ON</u>
#1: 6/3 – 6/7	\$ _____	\$ _____	\$ _____	\$ _____	<u>5/24</u>
#2: 6/10 – 6/14	\$ _____	\$ _____	\$ _____	\$ _____	<u>5/31</u>
#3: 6/17 – 6/21	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/7</u>
#4: 6/24 – 6/28	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/14</u>
#5: *7/1 – 7/5 (NC 7/4)	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/21</u>
#6: 7/8 – 7/12	\$ _____	\$ _____	\$ _____	\$ _____	<u>6/28</u>
#7: 7/15 – 7/19	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/5</u>
#8: 7/22 – 7/26	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/12</u>
#9: 7/29 – 8/2	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/19</u>
#10: 8/5 – 8/9	\$ _____	\$ _____	\$ _____	\$ _____	<u>7/26</u>

- AMOUNT CHARGED WILL BE THE REMAINING BALANCE FOR EACH WEEK (\$10 Deposit for each week paid at Registration)

Credit Card Information

Visa _____ MC _____ Discover _____ AmEx _____

Credit Card Number XXXX-XXXX-XXXX- _____ Expiration Date: _____ CVC: _____

Cardholders Name **(Please Print)** _____

Billing Address _____ Zip _____

I authorize the Wauconda Park District to charge my credit card for participation in the Camp Wauconda program, for the amount written, and on the dates listed.

Signature: _____ **Date:** _____