



# Washington Park District EFT Authorization

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize Washington Park District to charge my bank account listed below, starting on the \_\_\_\_\_ (month, day, year) and on the \_\_\_\_\_ (day of the month) for each month following through \_\_\_\_\_ (month, day, year) for the amount of \$\_\_\_\_\_.

Program Name \_\_\_\_\_ Code # \_\_\_\_\_

Household Last Name \_\_\_\_\_

Participant Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

My account will be debited as follows:

Checking

Credit Card

This payment authorization is valid and to remain in effect unless I notify Washington Park District of its cancellation by sending written notice in accordance with the refund policy.

\_\_\_\_\_  
Customer Name Printed

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date