



## Yorkville Parks & Recreation Department

651 Prairie Pointe Drive, Yorkville, IL 60506

Phone: (630) 553-4350 Fax: (630) 553-4360

Email: recreation@yorkville.il.us

## Authorization for Automatic Payments

I the undersigned authorize Yorkville Parks and Recreation to make regular charges to the card provided. I understand I will be charged the amount indicated below each billing period. I have read and understand the billing schedule described below. I agree that no prior notification will be provided to me prior to the processing of my credit card unless the date or amount of the payment changes. I will be notified 3 prior to the payment date if the payment amount changes. I understand that I may change the card on file 10 days prior to the billing due date by contacting the Yorkville Parks and Recreation Department. Any declined charges will result in termination of the program or service provided.

**Name/Organization Name:** \_\_\_\_\_

**Reason for Payments:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Amount to be withdrawn each billing cycle:** \_\_\_\_\_

**Number of Payments:** \_\_\_\_\_

**First Payment Date:** \_\_\_\_\_ **Last Payment Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_