



South Elgin Parks & Recreation Department

Summer Camps

PAYMENT PLAN AGREEMENT FORM

(Choose only ONE option)

Child's Name: _____

Home Phone #: _____

Address: _____

City/Zip: _____

Payments will be DUE: 5/22/2015, 6/19/15 & 7/17/15

☐ Option #1: Automatic Withdrawal

Credit Card Automatic Payment Agreement: Visa & Master Card ONLY

Credit card payments that are declined will be charged a \$36.50 service fee by the Village of South Elgin Finance Department. If a credit card payment is declined, payment must then be resubmitted with the \$36.50 service fee in the form of cash, money order, check, cashier's check or an alternative credit card. If a parent/guardian is delinquent on a child's account, and does not submit payment within one week of the delinquency, the child will be removed from the program.

If you wish to discontinue your credit card automatic payment agreement and pay in full, report your credit card lost, stolen, compromised or provide a current expiration date, you must notify the SEPR Staff in writing within five business days prior to the posting.

Cardholder Name _____

Credit Card Number _____

Exp. Date: _____

I (we) give permission for the South Elgin Parks & Recreation Department to charge the amount from the account previously indicated, on 5/22/2015, 6/19/15 & 7/17/15. (Payment Amounts will be indicated below)

Credit Card Auto Payment Authorized Signature _____

Date: _____

☐ Option #2: Payment Drop Off

Payment Drop Off Agreement:

This option indicates you will make a payment at the South Elgin Village Hall, 10 N. Water St., on the indicated dates to make your monthly camp payments. If you fail to make a payment on the due date you will receive a \$20 late fee. If a parent/guardian is delinquent on a child's account, and does not submit payment within one week of the delinquency, the child will be removed from the program.

I (we) agree to make payments to the Village of South Elgin for Summer Camp on the following dates: 5/22/2015, 6/19/15 & 7/17/15. (Payment amounts will be indicated below)

Signature _____

Date: _____

Office Use Only: Payment:	#1 \$100.00	#2	#3	#4
(Recommended amounts)				



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Payment Date	Payment Amount	Balance Due

Office Use Only: Payment: #1 \$100.00 #2 #3 #4
(Recommended amounts)