



ELECTRONIC FUND TRANSFER FORM

I authorize the Palatine Park District to automatically charge my credit/debit card each billing period, as determined by the program, for the balance owed for the following:

Program Name/Number

(Name of participant(s))

Please check one: VISA MasterCard Discover

Credit card number

Expiration Date

Please print name on credit card

Address of cardholder (***Please include City, State, and Zip Code***)

Email

Signature/Date