

Out-of-School Time Programs

Authorization for Automatic Payments Form

Please complete and return the Authorization for Automatic Payments Form at least 5 business days prior to your next payment due date. One form per program registration is required (*school year versus summer*). Automatic Payments are not transferred between program registrations.

NOTE: We are unable to set up automatic payments past the expiration date of your card. A new form will need to be submitted.

Participant(s) Information			
Participant Name(s):			
Payers Information			
Payers Name <i>as it appears on your credit card</i> :			
Address:		City & Zip:	
Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-Mail Address <i>required</i> :			
Credit Card Information			
Credit Card # <i>(16 digits)</i> :		Expiration Date:	CVV:
Terms & Agreement			
<p>This agreement will remain in effect until the final payment due date or my child is withdrawn from all program sessions. Additionally, I may terminate this agreement at any time by providing written notification as least five (5) business days prior to my next payment due date.</p> <p>I understand it is my responsibility to keep all contact information including e-mail address and credit card information current with the City of Virginia Beach Department of Parks & Recreation.</p> <p>I understand if my credit card is declined for any reason, it is my responsibility to ensure payment is made to avoid service interruption.</p> <p>I understand I am responsible for contacting Parks & Recreation with any questions and/or concerns about my account balance.</p> <p>I understand that I am responsible for making payment arrangements for any fees that are not scheduled via this agreement, such as past due balances, administrative processing fees, late payment and/or pick-up fees.</p> <p>I agree to the terms above and authorize Parks & Recreation to charge my credit card for the Out-of-School Time Program payments scheduled on my account.</p>			
Cardholder Signature:			Date:
Staff Use Only			
Payers Customer ID:	Processed By & Site	<input type="checkbox"/> BCRC <input type="checkbox"/> BSRC <input type="checkbox"/> GNRC <input type="checkbox"/> KVRC <input type="checkbox"/> PARC <input type="checkbox"/> WFRC <input type="checkbox"/> Admin	
Payments Due For:	<input type="checkbox"/> School Year Monthly Sessions <input type="checkbox"/> Summer Camp Weeks	First due date:	Last due date:
Notes:			
Verified by:			Date: