

Checking Account ACH Credit/Debit Authorization Form

I (we) hereby authorize Belvidere Park District (The Company) to initiate a debit entry to my (our) checking account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the Belvidere Park District is notified by me (us) in writing to cancel it in such time as to allow the Belvidere Park District and Bank a reasonable opportunity to act on it.

Name of Financial Institution:

Location (City & State):

Financial Institution's Routing Transit Number:

Checking Account Number:

Customer Signature

Date

Customer Name (Print)

* *Please attach a copy of a canceled check* *

* *Should this payment be returned you will be responsible for fees (\$35.00) assessed to the Belvidere Park District as a result of your returned item/s

** Should this payment be returned during any of the billing cycles you will be removed from the installment billing/automatic ACH program and then repay thereafter.

2021 Camp Compass Program