

# Greenfield Recreation After School Program Payment Plan Authorization Form



PLEASE PRINT LEGIBLY

Child's Name: \_\_\_\_\_

GRASP Site: Federal Street Four Corners

Cardholder's Name: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Discover

Mastercard

Visa

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Monthly Payment Date: 1st (or next business day) Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Payments are processed in advance. For example, February Tuition is paid on February 1<sup>st</sup>.*

#### Pay Monthly Tuition

- Monthly tuition is based upon number of days enrolled

Would you like a copy of your monthly invoice?  No Invoice  Emailed  Printed

Would you like a receipt of each month's payment?  No Receipt  Emailed  Printed

I authorize the Greenfield Recreation Department (service provider) to charge my credit/debit card as identified above to the terms stated here. This authorization shall remain in effect until the service provider receives written notification from me of intent to terminate at such time and in such a manner as to afford the service provider reasonable opportunity to act (minimum of 30 days).

I understand my payment will be processed on the 1<sup>st</sup> of every month, or the next business day. I further understand that payment amount will vary from month to month based on the number of days my child is enrolled in the program.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the service provider, the bank, and the merchant harmless for damage, loss or claim resulting from all authorized actions hereunder.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date