

Geneva Park District  
710 Western Ave  
Geneva, IL 60134  
Phone: 630-232-4542  
Fax: 630-232-4569



## Credit/Debit Card Change Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**I wish to change the Credit/Debit card used for monthly payments on my account for payment plans\* on the following programs:**

Program(s) Please check all that apply:

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Kids' Zone | <input type="checkbox"/> Cheer      | <input type="checkbox"/> Preschool          |
| <input type="checkbox"/> Dance      | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Fitness Membership |

**\*Please note:** Credit/Debit card changes for Camp EZ Pay - Payment plans must be changed by logging into your Geneva Park District account and updating your "Auto-Debit" Card.

Change Card Number to:

Visa  Mastercard  Discover  AMEX

Name on Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Notes \_\_\_\_\_

I understand that my signature authorizes payment via the credit/debit card number provided above, and that this number will become effective upon the next scheduled payment(s) for the program(s) I have indicated. Any past due payments and/or additional fees assessed for declined payments will be charged immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....office use only.....

### Accounting Department

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_