



After-School Childhood Enrichment (ACE) Automatic Charge Authorization

2021-2022 School Year

Payee Name: _____ Child's Name: _____

Address: _____ Email: _____

Phone: (work) _____ (home) _____ (cell) _____

Registration Options:

Please select your monthly plan:

5 days/wk 4 days/wk 3 days/wk 2 days/wk

Please indicate which days of the week your child will be attending:

Monday Tuesday Wednesday Thursday Friday

Site Location:

Please indicate which program location your child will be attending:

La Selva Beach Mar Vista

Routing #: _____ Account #: _____ Checking Savings

OR

Credit Card #: _____ Expires: _____ CVV/CVC: _____

For your convenience, we are offering automatic billing for ACE program registration. **Your bank account/ credit card will be billed on approximately the 10th of each month to pay for the following month.** If you would like to take advantage of this convenient service, please sign this authorization form.

If you sign up for a part-time option and the days of the week your child will be attending in a new month will change, you are required to submit your child's attendance days prior to the beginning of each month.

You may cancel this service at any time in writing by emailing us at rec@scparcs.com. Please notify the office 2 business day prior to the upcoming automatic billing date to avoid being charged the refund fee. If your payment is declined you will be charged \$25. In addition, if there are any further declines by your financial institution during the school year, for any reason, your automatic payment status may be canceled.

I authorize the County of Santa Cruz Parks Office to automatically bill my bank account/credit card on approximately the 10th of each month prior to the next month's program for payment of my child's ACE program fees. I understand and agree to the above-mentioned registration policies.

Signature

Date