ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PROGRAM AUTHORIZATION

South Barrington Park District membership includes access to a house charge account used for service and Pro Shop purchases. The Electronic Funds Transfer (EFT) system retains Credit Card or banking information that is processed each billing period to pay the balance on this account via Credit Card charge or Automated Clearing House (ACH) bank transfer.

Please select one of the following options authorizing South Barrington Park District each billing period to pay the accumulated balance on your account at: 3 Tennis Club Lane South Barrington, IL 60010 (847) 381-2570.

Name(s) Phone Nu	 mber
Primary Account Holder's Mailing Address City State	Zip Code
Primary Email Address: Authorization for Checking Account (ACH Transfer via "Pathfinder" Secure Processing Agent)	
Account Holder's Bank Name Branch City ST Zip	_
Bank Routing Number (9 digits) Bank Account Number How to find your Routing and Account Numbers on a check Bank Routing Code Bank Account Number	
Recurring ACH Type Frequency I hereby authorize the South Barrington Park District to Debit the Bank Account referenced herein, Automated Clearing House (ACH) system, according to the parameters specified herein. This authorize the I am subject to a rejected item fee up to the maximum amount allowed by law.	r Payment via the vity will
Authorization for Credit Card EFT	
Print Name (as it appears on card) Credit Card Number	
Master Card Marican Express Billing Zip Code	V Code:
Authorization Signature & Date	
Signature of Account Holder Print Name of Account Holder Date	
Office Use: Entered in System Date: By (Employee Name):	
Form Completed by: Member OR Employee Name:	