

Si View Metropolitan Park District Easy Pay Form

Please complete all of the information below and sign.

I, _____, authorize Si View Metropolitan Park District to charge my credit card for no more than \$ _____ on a recurring basis as payment for _____.

(program name)

CUSTOMER AUTHORIZATION: I authorize Si View Metropolitan Park District to initiate *charge* entries to my credit card. I agree to provide valid debit/credit card information to Si View Metropolitan Park District to use this service. *Note: Entering a credit card number for auto pay service will result in a \$1 authorization against the credit card. This is only an authorization that verifies the card and is not an actual charge. It will drop off within 3 business days.*

I agree that the first use of the service will signify the acceptance of the terms of the service Agreement. It is understood that termination of this agreement must be made in writing at least 10 business days before the scheduled date of the charge. The balance of camp fees will be charged the Monday prior to the camp unless otherwise noted. After & before school fees will be charged on the last business day of each month for the following month's care unless otherwise noted.

Cardholder First & Last Name:	Last FOUR digits of CC(Please call (425)831-1900 to provide CC # and exp):
Billing Address:	
City, State, & Zip Code	
Best Contact Number:	
E-mail Address:	

Please list the names of all children affiliated with account:

Special Requests (i.e. payment date, payment plan, percentage) to be approved by Si View:

Signature: _____ Date: _____

Mail to Si View MPD EP, PO Box 346, North Bend, WA 98045
Drop off at 400 SE Orchard Drive SE, North Bend, WA 98045
Monday – Friday 9am to 5pm. / www.siviewpark.org / 425-831-1900

