

Si View Easy Pay Form

Please complete all of the information below and sign.

Child #1 _____
Last First

Child #2 _____
Last First

Child #3 _____
Last First

Child #4 _____
Last First

For Office Use

- Before/After School
 - Monthly
 - Daily
- Gap/No School Camp
- Day Long Summer Camp
- .
- .
- .

NOTES:

Card Holder Name: _____
Last First

Billing Address: _____

City _____ State _____ Zip Code _____

Cell Phone (____) _____ - _____ Alt Phone (____) _____ - _____

Email Address: _____

*** Sign form & list the credit card information:

Credit Card # _____ - _____ - _____ Expiration Date ____/____

Name as listed on card: _____ CV2 Code _____

CUSTOMER AUTHORIZATION: I (we) authorize Si View Metropolitan Park District to initiate *charge* entries to my credit card. I (we) will verify the accuracy of this application and subsequent invoice and promptly notify Si View Metropolitan Park District of any errors. I (we) 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 and at any time up to 10 business days before the scheduled date of the charge. The balance of camp fee will be charged the Monday prior to the camp. After & before school fees will be charged on the last business day of the month for the following month of service, if paying a daily rate your card will be charged when you call/email in the request for specific days.

Card Holder Signature _____ **Date** _____

Mail to Si View MPD, Attn 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 | info@siviewpark.org | 425-831-1900

