

**SCHEDULE CHANGE FORM**  
**CHECK DEBIT AND CREDIT CARD AUTHORIZATIONS**  
**CAMPS, DANCE PROGRAMS, SUPER TWOS, TERRIFIC THREES AND PRESCHOOL**

This form must be received at the Buffalo Grove Park District no later than five days prior to the posting. A \$5.00 service fee will not be charged for the following changes: lost, stolen compromised cards or expiration date changes. If the fee is required the schedule change will not be processed without a \$5.00 payment attached. Acceptable forms of payment include cash, check, money order or credit card.

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Camp Name: \_\_\_\_\_ Code#: \_\_\_\_\_

**PLEASE CHOOSE ONE OF THE FOLLOWING**

***Credit Cards Accepted: Visa, Discover, Master Card***

1. \_\_\_ I wish to withdraw from the direct debit and/or credit card electronic payment agreement and have enclosed payment in full by an alternative credit card, check, cashier's check, cash or money order.

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

2. \_\_\_ I am reporting my credit card stolen/lost. My new credit card information is:

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

3. \_\_\_ My credit card expiration date has changed. My new expiration date is: \_\_\_\_\_

4. \_\_\_ I want to change my credit card authorization to a different credit card. My new credit card information is:

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

5. \_\_\_ I want to change my form of payment from check direct debit to credit card debit. My new credit card information is:

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

6. \_\_\_ I want to change my form of payment from credit card debit to check debit.

Please complete the following bank account information you want your payment withdrawn: ***Please attach a voided blank check***

From: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Bank Name: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Transit ABA (routing number): \_\_\_\_\_

Please complete the following credit/debit card information:

From: \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit Card

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature Authorizing All Specified Changes Above: \_\_\_\_\_

Date: \_\_\_\_\_