

# ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PROGRAM AUTHORIZATION

South Barrington Park District membership includes access to a house charge account to be used for service and Pro Shop purchases during the month. The Electronic Funds Transfer (EFT) system retains Credit Card or banking information that is processed at the end of 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 located at 3 Tennis Club Lane South Barrington, IL 60010 to pay off the accumulated balance on your house charge account at the end of each billing period.

**Account Holder Information: (REQUIRED)**     **Member**     **Non-Member**

Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Account Holder Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Please check the box next to ONLY ONE of the options below and fill out information for authorization.**

**Authorization for Checking/Savings 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 \_\_\_\_\_ Account Type:  Business Checking  
 Personal Checking  
 Savings



How to find your Routing and Account Numbers on a check

**Recurring**                      **Monthly**                      **Open Ended**                      **Variable**  
ACH Type                      Frequency                      Number of Payments                      Amount per Payment

I hereby authorize the South Barrington Park District to Debit the Bank Account referenced herein, via the Automated Clearing House (ACH) system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee up to the maximum amount allowed by law.

**Authorization for Credit Card EFT**

Print Name (as it appears on your card) \_\_\_\_\_ Credit Card Number \_\_\_\_\_  
Card Expiration Date \_\_\_\_\_ Card Type:  Visa  
 Master Card  
 American Express  
Billing Zip Code \_\_\_\_\_

**CVV Code:**  
\_\_\_\_\_  
from the back of the card

**Authorization Signature & Date**

Signature of Account Holder \_\_\_\_\_ Print Name of Account Holder \_\_\_\_\_ Date \_\_\_\_\_