



## STAR EFT Authorization

Household Last Name \_\_\_\_\_ HH# \_\_\_\_\_

Participant Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Program Code**    **Program Section**    **Due Now**    **Monthly Payment**    *Business Use Only*

_____	_____	_____	_____	
-------	-------	-------	-------	--

### Payment Method for Program Fees

☐ **Electronic Funds Transfer** (*Attach Voided Check*)

Account Holder Name \_\_\_\_\_

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

ABA#/Check Digit \_\_\_\_\_

☐ **Credit Card**

☐ M/C

☐ VISA

☐ AMEX

☐ DISC

Account Holder Name \_\_\_\_\_

Account Holder Address \_\_\_\_\_

Account # Last 4 Digits    XXXX-XXXX-XXXX        Exp Date \_\_\_\_\_

I authorize the Hoffman Estates Park District to initiate a charge according to the fee schedule for my fees to the bank account or credit card indicated above. This authorization is to remain effective until Hoffman Estates Park District has received 30 days written notice from me of its termination or until final payment for the program referenced above has been received. Any payments that are declined will be charged a service fee. This service fee will be the maximum amount allowed by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by \_\_\_\_\_

-----  
*Business Use Only*

Processed by \_\_\_\_\_ Date \_\_\_\_\_