



VILLAGE OF BELLEVUE
BANK CARD OR CREDIT CARD DRAFT AGREEMENT

2828 Allouez Ave. Green Bay, WI 54311 (920) 468-5225 www.VillageofBellevue.org

Before & After School Program

Child(ren)'s Name: _____

Draft Account Information:

_____ Master Card _____ Visa _____ American Express

Name as it appears on the card: _____

Account Number: _____ Expiration Date: _____ Security Code: _____

By checking the box you authorize the Village of Bellevue to charge your credit card the \$15 per child per program registration fee. **No checks will be accepted for this fee!**

Authorization:

I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

1. I understand my payment will continue until my scheduled payments are completed.
2. All payments will be withdrawn on the first of the month.
3. It is my responsibility to notify the Village of Bellevue Leisure Services Department immediately of any account change or closing and to provide the Village of Bellevue Leisure Services Department with current account information.
4. The Village of Bellevue reserves the right to refuse registration into programs or entrance into facilities if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

Cancellation:

1. A two week advance written notice must be given prior to withdrawing from the program.
2. Following one month of late payments, the Village of Bellevue Leisure Services Department will send a letter and statement to be paid within 15 days.
3. Following a second month of late payments, you will be contacted by the program supervisor so that you can make arrangements to pay your balance due.
4. Following a third month of late payments, you will be contacted and asked to make arrangements to pay your balance.
5. Following the fourth month of late payments, you will be terminated from the program. Your account will be frozen and you must pay any past amount before participating in any Village of Bellevue Leisure Services Department programs in the future.

Parent/Payee Signature: _____ Date: _____

**RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR
COMPLETED CHILD INFORMATION FORM(S)**