



**RECREATION LICENSED CHILD CARE AUTHORIZATION AGREEMENT
FOR PRE-ARRANGED PAYMENTS**

Participant Information (please print)

Participant's Name: _____ School: _____

Participant's Name: _____ School: _____

Participant's Name: _____ School: _____

Payer Information (please print)

Payer must be account holder and the responsible party who signed the contract

Payer/Account Holder Name: _____ Email _____
Address: _____

Payer/Account Holder Address (should match the address on the account)	City/State	Zip Code
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Daytime Phone#	Alt. Daytime Phone #	Additional Email Address
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Electronic Check Payment Information

Checking Savings

Bank Routing # _____ Bank Account # _____

Credit Card Payment Information

Card #: _____ Exp. Date: _____ CVC Code: _____

(CVC Code: 3-digit number on the back of card, or for American Express, 4-digits number on front of card.)

I hereby authorize Howard County Recreation & Parks to effect payment for my reoccurring childcare fees automatically on the 17th of each month, as well as any accrued late fees and late pick-up fees. I understand this agreement will remain in effect for this school year or until I have notified the Department of Recreation & Parks, in writing, of my desire to terminate this agreement, at least (5) five business days prior to the next scheduled payment due date.

Payer/Account Holder Signature: _____ **Date:** _____

This agreement does not pre-register your child for next school year.