



JOHNSON COUNTY
PARK & RECREATION
DISTRICT

JCPRD Authorization Form for Recurring Children's Services Program Payments

Completion of this form will authorize regularly scheduled charges to your Visa, Mastercard, or Discover account. Your account will be charged per the payment schedule provided by the JCPRD Registration Office. Proof of payment will be available to you through your CLASS registration account. The authority you give to charge your account will remain in effect until JCPRD Registration is notified in writing to terminate this authorization. To grant authorization for recurring program payments, complete this form and either return it to the address below, to the fax number below, or scan and email it to: registration@jocogov.org.

I, _____ authorize JCPRD to charge my account for payment of the JCPRD Program for my child(ren) listed below at the School/Camp Location listed below.

I understand that I must call the JCPRD Registration office at the phone number listed below and provide my debit or credit card information to complete this authorization for recurring payments after they have received this agreement. I agree to notify JCPRD in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I also agree that cancellations must be made in writing and I will not dispute merchant recurring billing with my credit card company, so long as the amount corresponds to the terms indicated in the payment schedule.

Signature _____ Date _____

Printed Name _____

Email Address _____

Billing Address _____ Phone# _____

City, State Zip _____

1st Child Name _____ School/Camp location _____

2nd Child Name _____ School/Camp Location _____

3rd Child Name _____ School/Camp Location _____

Allow 1 business day after submitting this form before telephoning our office with your credit or debit card information.

**JCPRD Registration Office
6501 Antioch
Merriam, Kansas 66202
913.831.3359
Fax: 913.831.3311**