

East Ridge Before & After School Program
ELECTRONIC PAYMENT FORM
2024 – 2025 school year



I (We) hereby authorize the City of Coralville to initiate Debit entries to my (our) account(s) indicated below and the depository financial institution named below, (hereinafter called DEPOSITORY) and to debit the same to such account. I (We) acknowledge that the origination of electronic payment transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____

Branch: _____ City: _____ State: _____ Zip: _____

Last 4 Digits of Routing/Transit #: _____

Last 4 Digits of Checking Account #: _____

SECURELY SAVING YOUR ACCOUNT ON FILE

If the City of Coralville Partnership Programs have previously charged the account noted above for tuition, no further action is required. If the account noted above has not been previously charged for Coralville Partnership Program tuition or your child is new to program, you are required to call the Coralville Recreation Center at 319-248-1750 to securely save your account to our registration system. Failure to call and set-up the account by the determined date may result in the loss of your child's spot with our programs.

CHANGES TO YOUR ACH

This authority is to remain in full force and effect until the City of Coralville has received written notification from me (or either of us) of its termination at least 3 business days prior to the first of the month, for the next month that a debit will be made. Notification is to be given to the Recreation Program Supervisor for the program your child attends, or to the Recreation Superintendent. This authorization is good for the current school year only.

Parent Name(s): _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Your child's name:

Circle enrollment status below:

BEFORE \$170 AFTER \$250 BOTH \$285

WEDNESDAY ONLY \$90

MON., WED., FRI ONLY \$180

TUES., THURS. ONLY \$100