



Sugar Grove Park District  
61 Main St  
Sugar Grove IL 60554  
(630) 466-7436  
Fax: (630) 466-8675  
www.sgparcs.org

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

### AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

The undersigned hereby requests and authorizes Sugar Grove Park District to initiate the following preauthorized transactions my bank account.

*Your  
Bank  
Information*

Routing Number: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Checking or Savings (circle one)  
Amount of Transfer: \$ \_\_\_\_\_

The transfer shall occur on the **1st** day of each month.

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If the amount shall vary, written notification will be needed at least 10 business days prior to withdrawal transaction.

I/we agree to maintain a sufficient balance in my/our account to cover the transfer requested by the above authorization. If the balance in my/our account to be charged is insufficient to cover the transfer authorized, normal bank service charges will be assessed and the bank may cancel this authorization immediately without notice and otherwise exercise its rights and remedies under applicable law and the rules and regulations governing savings, checking and loan accounts. The account will remain subject to its individual terms and conditions, which are not changed by this authorization. The authorization will remain intact until so terminated by the company or bank in writing.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature (customer)

By: \_\_\_\_\_  
Signature (customer)