

**Versailles-Woodford County Parks and Recreation  
and  
Falling Springs Arts and Recreation Center  
275 Beasley Drive  
Versailles, KY 40383  
Phone (859) 873-5948  
Fax (859) 873-7708**

Activity Installment Billing Authorization Form

*This form can only be used for an ongoing class that last longer than 6 months and accepts monthly billings*

Date \_\_\_\_\_ Activity Fee Amount \_\_\_\_\_

Participant's Name \_\_\_\_\_

Activity \_\_\_\_\_

**Payment Method**

\_\_\_\_ **Credit/Debit Card**-Name on Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_/\_\_\_\_\_  
Security Code \_\_\_\_\_ (last 3 digits on back of card or 4 digits above card # on front of AMEX)

\_\_\_\_ **Checking Account**-Name on Account \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

\_\_\_\_ **Savings Account**-Name on Account \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

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I authorize the Versailles-Woodford County Parks and Recreation Department to withdraw the monthly activity registration fee for the above activity from my account on or about the 1<sup>st</sup> of every month.

\_\_\_\_\_Initials

I understand that it is my responsibility to notify the Versailles-Woodford County Parks and Recreation Department of any changes in the above information. I also understand that a \$20.00 service fee may be charged due to NSF and closed accounts.

\_\_\_\_\_Initials

I understand to cancel my monthly billing I will need to submit in writing a notice of cancellation within 7 business days of billing date. Failure to do this may result in an additional month of billing.

\_\_\_\_\_Initials

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_