

CDC Summer Camp

Recurring Payment Authorization Form

Each camper must have a secondary form of payment (credit/debit card or bank account) on file. You may now schedule your payments to be automatically deducted from your bank account or charged to your Visa, MasterCard, American Express or Discover Card.

If you do not wish to set up recurring payments, you will still be able to pay by cash or check. However, these payments will be due in advance of your camper staying for summer camp on each Monday morning. If your payment is not received by close of business on Thursday, then the credit/debit card or bank account on file will be charged on Friday morning of the week services were rendered. There will be no exceptions to this policy.

Parent Name _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Child's First & Last Name(s) _____

I hereby authorize Government Street Baptist Child Development Center to charge my debit or credit card or automatically deduct from my checking or savings account indicated below. The weekly dollar amount showing due for each camper will be deducted from or charged to the account indicated below on Friday of the week services were rendered. This is for services rendered and is nonrefundable. You may indicate if you wish this payment to be deducted monthly or bi-weekly.

Checking / Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

Debit / Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CID (3 digit # on back of card) _____	
(There will be a \$3 convenience fee per transaction)	

I choose to pay my weekly fees by cash or check in advance of my child's attendance each Monday or my card on file will be charged on Friday of the week services were rendered with a \$10 late fee added.

This authorization is to remain in full force and effect until Government Street Baptist Child Development Center has received written notification signed by me of its termination in such manner as to afford Government Street Baptist Child Development Center and Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____