

# Easy Payment Form

To make it easy for you, we have installed an easy payment plan with the use of your credit card/bank card. All information will be secured and placed in a confidential file cabinet. This system has been set up to ensure that you do not accrue late fees for camp. Our camp registrar will charge your card each cycle due date (two weeks prior to each cycle) that you have listed below.

I would like to charge my credit card fees of \$\_\_\_\_\_ for cycles \_\_\_\_\_

Please check off what cycles you would like to be charged

☀ <b>Cycle 1</b>	<b>Will be charged on June 7<sup>th</sup></b>
☀ <b>Cycle 2</b>	<b>Will be charged on June 14<sup>th</sup></b>
☀ <b>Cycle 3</b>	<b>Will be charged on June 21<sup>st</sup></b>
☀ <b>Cycle 4</b>	<b>Will be charged on June 28<sup>th</sup></b>
☀ <b>Cycle 5</b>	<b>Will be charged on July 5<sup>th</sup></b>
☀ <b>Cycle 6</b>	<b>Will be charged on July 12<sup>th</sup></b>
☀ <b>Cycle 7</b>	<b>Will be charged on July 19<sup>th</sup></b>
☀ <b>Cycle 8</b>	<b>Will be charged on July 26<sup>th</sup></b>
☀ <b>Cycle 9</b>	<b>Will be charged on August 2</b>
☀ <b>Cycle 10</b>	<b>Will be charged on August 9<sup>th</sup></b>
☀ <b>Cycle 11</b>	<b>Will be charged on August 16<sup>th</sup></b>

I give the YMCA of Gloucester County Camp Registrar permission to charge my credit card/bank card for the cycles indicated above. I am aware that the credit card/bank card will be photo copied and kept on file in a secure place. I also am aware that the YMCA will shred the photo copy of the credit card/bank card at the end of YMCA Day Camp 2010.

I understand that if my credit card is declined, for any reason, I have until the close of business the same day to rectify the payment. If I do not complete payment on the due date that the transaction is attempted, I am responsible for all applicable fees (i.e. late fee, cancellation fee).

1. Camper's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_
2. Camper's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_
3. Camper's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Please print card holder's name: \_\_\_\_\_

Signature of authorized card holder: \_\_\_\_\_ Date: \_\_\_\_\_