



SUMMER CAMP

Payment Plan Authorization Form | ACH

PLEASE PRINT LEGIBLY

Child's Name: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Initial Last

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

BILLING Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Type of Account: (circle one) Business Personal

Driver's License Number: \_\_\_\_\_

FOR OFFICE USE ONLY:

- Sibling Discount
- iClass Note
- Keyword
- Heartland Contract

Weekly Payments will be made on Fridays. Start: June 6, 2016 End: August 26, 2016

*This contract will run a week in advance. For example, tuition for the week of June 6-10<sup>th</sup> will run on Friday, June 3<sup>rd</sup>. If your child is not enrolled for the upcoming week, your account will not be charged.*

- Pay Camp Dues in Full
  - Not to exceed \$\_\_\_\_\_.\_\_\_\_\_ per Week

Other Details or Arrangements: \_\_\_\_\_

Which Transaction Emails do you wish to receive?  Declines Only  All Transactions

Attach a  
Voided  
Check  
**HERE**  
Deposit  
Tickets are  
not accepted.

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new Payment Plan Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature

Date

Second Authorized Signature of Bank Account *if Required*

Date