Ivy League Day Camp

ACH Authorization Form

Checking Account Authorization Form

I (we) hereby authorize IVY LEAGUE DAY CAMP to initiate entries to my(our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until Ivy League is notified by me(us) in writing to cancel it in such time as to afford IVY LEAGUE DAY CAMP and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I, _____, authorize Ivy League Day Camp to charge my credit card indicated below for $_____ on the 15th of each month for payment of my child's tuition.

_____

(Name of Financial Institution)

_____

(Address of Financial Institution - Branch, City, State, & Zip)

_____

(Signature)

_____

(Date)

_____

(Name- PLEASE PRINT)

_____

(Address- PLEASE PRINT)

_____

Set Amount: _____or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Ivy League Day Camp

Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly schedule charges to your Credit card. You will be charged the amount indicated below each billing period. All credit card payments are subject to a 3% non-refundable convenience fee.

I, _____, authorize Ivy League Day Camp to charge my credit card indicated below for $_____ on the 15th of each month for payment of my child's tuition. Starting date _____.

Credit Card (please circle one): Visa MasterCard AMEX Discover

Credit Card #_____

Exp. Date (Month/Year) _____

Cardholder Name_____

Billing Address_____

City, State, Zip_____

Phone #_____ Email_____

I authorize Ivy League Day Camp to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing or my annual payment terms are fulfilled. I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE_____ **DATE**_____

Submit and Email