

CREDIT CARD ON FILE AUTHORIZATION FORM

I hereby agree and authorize Staten Island Day Camp to charge my credit card in full or for scheduled payments as indicated by check mark and signature below. Credit cards will only be charged on the first day of the month. If the first day of the month falls on a Sat. or Sun. the charge may be made on Monday.

THERE WILL BE A 3% FEE CHARGED FOR EVERY CREDIT CARD TRANSACTION

DENIED CARDS WILL RESULT IN A \$25.00 FEE AND REQUIRE REMAINING PAYMENTS MADE BY BANK CHECK OR MONEY ORDER. WE DO NOT ACCEPT DEBIT CARDS!

Table with 4 columns: Schedule of Payments, Date Processed, Revised Schedule, Date Processed. Rows include months from March to July with dollar amounts and dates.

PLEASE NOTE: THE PAYMENTS WILL BE CALCULATED IN EQUAL AMOUNTS BASED UPON YOUR TUITION BALANCE AT THE TIME THE PLAN IS INITIATED. NO DEBIT WILL BE ACCEPTED. WE WILL BEGIN CHARGING THESE AMOUNTS ON MARCH 1st AND THE FIRST OF EVERY MONTH AFTER THAT UNTIL JULY5. THE LAST PAYMENT WILL BE PROCESSED ON JULY 5. WE WILL ONLY BE ABLE TO ACCEPT ONE CREDIT CARD TO SATISFY THE MONTHLY TUITION PAYMENTS (OTHER THAN THE INITIAL DEPOSIT CHARGE). ADDITIONAL CARDS BEING USED WILL RESULT IN A \$25.00 CHARGE PER CARD. IT IS THE RESPONSIBILITY OF THE CARD HOLDER TO USE A VIABLE CARD. PLANS FOR ENROLLED CUSTOMERS CANNOT BE INITIATED AFTER APRIL 1.

For SIDC use only

Initial schedule approved by: _____ Revised schedule approved by: _____
Date _____ Date _____

Type of Credit Card: ___ Discover ___ Master Card ___ Visa

Credit Card Number: _____ Expiration Date: _____

Credit Card Security Code: _____ Camper(s): _____

Name as Imprinted on Credit Card: _____

Signature of Credit Card holder/member: _____

Date: _____ Home Telephone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: (please print) _____