

Executive Office
800.301.2267

Staten Island Day Camp

Summer Direct Line
718.983.7942

CREDIT CARD PAYMENT PLAN 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.

Schedule of Payments	Date Processed	Revised Schedule	Date Processed
March 1	\$ _____	March 1	\$ _____
April 1	\$ _____	April 1	\$ _____
May 1	\$ _____	May 1	\$ _____
June 1	\$ _____	June 1	\$ _____
July 1	\$ _____	July 1	\$ _____
August 1	\$ _____	August 1	\$ _____

PLEASE NOTE: THE PAYMENTS WILL BE CALCULATED IN EQUAL AMOUNTS BASED UPON YOUR TUITION BALANCE AT THE TIME THE PLAN IS INITIATED. NO DEBIT CARDS WILL BE ACCEPTED. PAYMENTS WILL BEGIN ON MARCH 1ST AND THE FIRST OF EVERY MONTH UNTIL JULY 1ST OR AUGUST 1ST (DEPENDING ON CAMP STAY). WE WILL ONLY ACCEPT ONE CARD TO SATISFY THE MONTHLY PAYMENT.

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: (Please Print) _____

Signature of Credit Card holder/member: _____

Date: _____ Home Telephone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____