



760 Northfield Avenue
West Orange, New Jersey 07052 973-530-3400

BOTH SECTIONS MUST BE COMPLETED AT THE TIME OF CAMP ENROLLMENT

CAMP PAYMENT FORM

Membership # _____ Last Name _____ First Name _____

Home Address _____ Apt. No. _____ Home Phone () _____

City _____ State _____ Zip _____

Camp Tuition can be paid by choosing one of the following (please check one Option):

OPTION 1: Pay in full (payment due with registration)

OPTION 2: Payment plan (TBD)

This payment will be made by (please check one box and complete necessary information):

Credit Card – We will automatically charge your credit card account with the amount of your monthly Camp/Early Childhood payment on the **first** of each month if paying in 4 payments, or on April 1st if making one payment.

VISA AMX MC Number _____ Exp. Date _____
Name on card _____ Signature _____ Date _____

OR

Electronic Transfer – This is an automatic withdrawal from your checking account. On the **fifteenth** of each month, according to the option chosen above, we will ask your bank to transfer the amount of your monthly Camp/Early Childhood fee to the JCC account. **A voided check will be required to set up this option:**

Authorization Agreement For Pre-Arranged Payments (Debits)

I(we) hereby authorize JCC MetroWest, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the Bank named below, hereinafter called BANK, to debit the same to such account.

Bank _____ Branch _____

City _____ State _____ Zip _____

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me(or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act upon it. I (or either of us) has the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act upon it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by BANK, provided I (we) send written notice of such debit entry in error to BANK within 15 days following issuance of the account statement and/or 45 days after posting, whichever occurs first.

Name(s) _____

Signed _____ Date _____

PLEASE STAPLE A VOIDED CHECK TO THIS FORM