



Neil Klatskin Summer Camps

AUTOMATIC PAYMENT AUTHORIZATION FORM

KAPLEN JCC on the Palisades TAUB CAMPUS | 411 E CLINTON AVE, TENAFLY, NJ 07670 | P 201.567.8963 | F 201.569.5039 | jccotp.org

Camper Name _____ Date _____

Parent/Guardian Name _____

Address _____

Town _____ Zip _____ Phone _____

CAMP TUITION: \$ _____

I AUTHORIZE THE KAPLEN JCC ON THE PALISADES TO RECEIVE AUTOMATIC PAYMENTS FROM:

Credit Card (+3% service fee) Checking account (No fee for EFT. Please attach a voided check)

PLEASE CHECK ONE: Monthly Payments on the 10th of every month starting 1/10/18 through 6/10/18.

Monthly Payments on the 25th of every month starting 1/25/18 through 6/25/18.

PRIMARY CREDIT CARD INFORMATION (REQUIRED):

Name on Card _____ Visa MC AMEX

Credit Card # _____ Expires _____ CCV# _____

SECONDARY CREDIT CARD INFORMATION (REQUIRED):

Name on Card _____ Visa MC AMEX

Credit Card # _____ Expires _____ CCV# _____

TERMS AND CONDITIONS

- Monthly payments will be processed from application receipt through June 2018. If using a credit/debit card for payments, a non-refundable 3% service fee will be charged per credit card payment. There is no service fee to use a checking account.
- If your financial institution does not honor the payment, you are responsible for payment and a service charge not to exceed \$25 in addition to any service fees charged by your financial institution.
- It is your responsibility to notify the JCC in writing of any changes in your account information.
- Full refunds, minus the 3% credit card service fee, are available through Feb 12, 2018. All refunds are made by check and take 3-5 weeks to process.

I have read and agree to the terms and conditions on this form.

Signature _____ Date _____

OFFICE USE ONLY

Member Account Number _____ Verbal Authorization

Number of Payments _____ Amount of Each Payment _____ Start Date _____ End Date _____

Staff Signature _____