

AUTO DEBIT AUTHORIZATION FUTURE PAYMENTS, Summer 2018



I authorize Coastside Children's Programs (CCP) to transfer funds from my
 Checking Savings account at the financial institution indicated below to CCP based off of the payment schedule below. The amount of the Deposit, Processing Fee, and Monthly Tuition are noted below.

Financial Institution Name	Branch (city/state)
Account Number at Financial Institution	
Financial Institution Routing/Transit Number	

Please attach a voided check for a checking account, or a deposit slip for a savings account.

This authorization shall remain in full force until I cancel this service with a 30-day written notice to CCP. Cancellation of this service does not indicate withdrawal from the program nor does it negate my responsibility to pay CCP tuition. I understand I will be charged \$35 if my draft is returned for insufficient funds. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of US law.

Coastside Children's Programs is a 501(c)3 non-profit organization, Tax ID # 94-2407737

Parent/Account Holder Name(s)			
Address			
Email			
City	Zip	Home Phone	Cell Phone
Account Holder Signature(s)		Date	

I hereby authorize CCP to debit my account for child care services provided to:

		Please mark one	
Child First Name	Last Name	<input type="checkbox"/> HMB Summer Camp	<input type="checkbox"/> Montara Summer Program
Child First Name	Last Name	<input type="checkbox"/> HMB Summer Camp	<input type="checkbox"/> Montara Summer Program

FEES AND TUITION TO BE CHARGED:

\$ _____ for Summer Camp Deposit (equal to last week of camp, due upon registration)

\$ _____ for the **PROCESSING FEE** (\$50, due upon registration)

\$ _____ for June Summer Camp Tuition (first payment, due June 18, 2018)

\$ _____ for July Summer Camp Tuition (second payment, due July 2, 2018)

\$ _____ for August Summer Camp Tuition (last payment, due July 30, 2018)

I authorize CCP to debit my account for additional fees such as camp transfer fees, cancellation fees, extra hours and late fees.

\$ _____ **Total Amount to Be Charged**