

CAMP CLASSEN
Electronic Funds Transfer
Payment Authorization

Camper name: _____ Session: _____

Home address: _____

Home phone: _____ Cell/work phone: _____

Your name as it appears on your bank account information.

Bank Name

City/State

Type of Account: Checking _____ Savings _____

Routing Number of your Bank: _____
This is usually the first nine digits on your check

Account number: _____

Draft amount: _____ **Monthly?** _____ **Biweekly?** _____
(This may be calculated after you make your session selection and any incentives or deposits are applied.)

I (we) authorize and request the Y of Greater Oklahoma City to charge my (our) account as shown for fees due Camp Classen. I (we) further authorize the financial institution to debit these fees. I (we) understand these charges are continuous and ongoing until the fees are paid in full. This form is not automatically renewable from year to year, but will be in place for the current session in question.

SIGNATURE:

Authorized on the account, age 18 or older

Joint signature, if applicable.

ATTACH A VOIDED CHECK. Items returned NSF will be subject to a \$25 fee.

CAMP CLASSEN 10840 Main Camp Road, Davis, OK 73030 580-369-2272