

# CAMP PALMER

## Automatic Credit card authorization form

This form is to be used to give credit card information for the automatic charge for each week of camp. Final Payment for each week will be charged two weeks prior to the start of the camp week.

Credit Card Type: Mastercard    Visa    Discover

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Expiration: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Weeks to be charged:    Camp Deposit        Reunion Week Balance

I, \_\_\_\_\_, authorize my credit card to be charged each week for the above entitled camp weeks. I am aware that I will receive a copy of the charge slip and this slip will act as my record of this transaction.

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_