

# Town of Scarborough

## Community Services

P.O. Box 360  
Scarborough, ME 04074  
730-4150

# Electronic Funds Transfer Authorization

## Summer Camp 2014

Revised 04-10-2014

### Applicant Information

Applicant Name \_\_\_\_\_

Applicant Telephone Numbers \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

Participant Name/s \_\_\_\_\_

Bank Name \_\_\_\_\_  Checking  Savings

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Account Holder's Name \_\_\_\_\_

**Please attach  
voided check.**

### Withdrawal Options

The following amount will be withdrawn eight consecutive Fridays beginning on June 27 and ending on August 15, 2014. All EFTs **for eight-week programs** must be submitted no later than Friday, June 20. **We will be unable to accept any EFT form after the June 20 date.** All EFTs **for individual weeks** must be submitted no later than Friday, June 13. All registrations must be paid in full after that date for all summer camp programs.

Please check appropriate program:

Program	Weekly Amount		# Children	Total
<b>Grades K to 5</b>				
<input type="checkbox"/> 5-Day.....	\$162.50	x	_____	_____
<input type="checkbox"/> 3-Day.....	\$125.00	x	_____	_____
<input type="checkbox"/> Individual Week Payments.....	\$ _____	x	_____	_____
<b>Grades 6 to 9</b>				
<input type="checkbox"/> 5-Day.....	\$187.50	x	_____	_____
<input type="checkbox"/> 3-Day.....	\$156.25	x	_____	_____
<input type="checkbox"/> Individual Week Payments.....	\$ _____	x	_____	_____

**Important Note:** If we receive an "insufficient funds" notice from your bank, we will NOT be making any second attempt to collect from your account on file. A \$25 fee will be added to your weekly summer day camp amount. We will then contact you and you will be responsible for paying the total within 48 hours. If we do not receive payment, we will be forced to suspend day camp services at the end of that week. If there are any later insufficient funds notices during the summer, this may result in termination from the day camp program entirely.

### Signature Required

I hereby authorize the Town of Scarborough to take payments by Electronic Funds Transfer from the institution above for the purpose of attendance in our summer recreation program.

I acknowledge and agree to the terms and conditions of this agreement with the Town of Scarborough concerning the method and timing of payment. I understand that this will take effect beginning June 27, 2014, and will be withdrawn every Friday for eight Fridays (as noted above).

ACH Payment Type: PPD (for banking purposes)

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Community Services Staff Only:**

#### Instructions to Staff

- Check here that form is complete. \_\_\_\_\_

Date Received \_\_\_\_\_ Staff Member Initials \_\_\_\_\_