

Town of Scarborough

Community Services

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

Electronic Funds Transfer Authorization

Summer Camp 2015

Revised 03-18-2015

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The following amount will be withdrawn eight consecutive Fridays beginning on June 26 and ending on August 14, 2015. All EFTs must be submitted no later than Thursday, June 18. We will be unable to accept any EFT form after the June 18 date. All registrations must be paid in full after that date for all summer day camp programs.

Please check appropriate program:

Program	Weekly Amount	# Children	Total
Grades K to 5			
<input type="checkbox"/> 3-Day.....	\$130.00	x	_____
<input type="checkbox"/> 5-Day.....	\$167.50	x	_____
<input type="checkbox"/> Individual Week Payments.....	\$_____	x	_____
Grades 6 to 9			
<input type="checkbox"/> 3-Day.....	\$156.25	x	_____
<input type="checkbox"/> 5-Day.....	\$187.50	x	_____
<input type="checkbox"/> Individual Week Payments.....	\$_____	x	_____

Important Note: Voided Check: A voided check must be attached to this EFT form. We are unable

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 \$30 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 I understand that this will take effect beginning June 26, 2015, and will be withdrawn every Friday for eight Fridays (as noted above).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 _____

