Town of Scarborough

Community Services

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

Electronic Funds Transfer Authorization

Summer Camp 2016

Revised 03-16-2016

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 _____

MUST attach voided check.

Withdrawal Options

The following amount will be withdrawn eight consecutive Fridays beginning on June 17 and ending on August 5, 2016. *All EFTs must be submitted no later than Friday, June 10.* ***We will be unable to accept any EFT form after the June 10 date.*** *All registrations must be paid in full after that date for all summer day camp programs.*

Please check appropriate program:

Options	Weekly Amount		# Children	Total
Grades K to 5				
☐ 3-Day	$130.00	x	_____	$_____ weekly
☐ 4-Day	$150.00	x	_____	$_____ weekly
☐ 5-Day	$167.50	x	_____	$_____ weekly
Grades 6 to 9				
☐ 3-Day	$156.25	x	_____	$_____ weekly
☐ 4-Day	$176.25	x	_____	$_____ weekly
☐ 5-Day	$187.50	x	_____	$_____ weekly

Individual Weeks

☐ Full Amount $_____ / 8 weeks = $_____ weekly

Insufficient Funds Notice: 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 than 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.

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 I understand that this will take effect beginning June 17, 2016, and will be withdrawn every Friday for eight Fridays (as noted above).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:

☐ Check here that form is complete.

☐ Check here if applicant is non-resident **(must pay extra non-resident fee with deposit)** _____

Date Received _____ Staff Member Initials _____