

**Town of Scarborough
Community Services**

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

**Electronic Funds Transfer Authorization
Summer Camp 2017**

Revised 03/21/2017

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The following amount will be withdrawn eight consecutive Fridays beginning on June 23 and ending on August 11, 2017. All EFTs must be submitted no later than Friday, June 09. We will be unable to accept any EFT form after the June 09 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			
<input type="checkbox"/> 3-Day	\$130.00	x _____	\$ _____ weekly
<input type="checkbox"/> 5-Day	\$167.50	x _____	\$ _____ weekly
Grades 6 to 9			
<input type="checkbox"/> 3-Day	\$156.25	x _____	\$ _____ weekly
<input type="checkbox"/> 5-Day	\$187.50	x _____	\$ _____ weekly
Individual Weeks			
<input type="checkbox"/> 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 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.

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 I understand that this will take effect beginning June 23, 2017 and will be withdrawn every Friday for eight Fridays (as noted above).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 _____