

Campus Day Camp

2901 Campus Rd. Brooklyn, N.Y. 11210
(718) 421-7575

CHECKING/SAVINGS WRITTEN AUTHORIZATION FORM

I (we) hereby authorize Campus ASP Inc. to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. A \$30 charge will occur if your payment is denied by your bank.

Child's Name: _____

(Name of Financial Institution)

(Address of Financial Institution Branch, City, State, & Zip)

Please Circle Type of Account: Checking Savings

(Routing Number)

(Account Number)

Amount of \$ _____

Account will be kept on file for future charges.

(Consumer Name PLEASE PRINT)

(Consumer Address PLEASE PRINT)

(Signature)

(Date)

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us 1 week prior to the questioned debit being initiated. Please call 718-421-7575 or email at info@campusasp.com Monday-Friday from 10:00am to 6:00pm.