

Payment Information Form

Last Name _____

First Name _____

Address _____

City/State/Zip _____

Phone (Home) _____

(Work) _____ (Cell) _____

Membership # _____

I am not a member

Scholarships

I am interested in scholarship information

Deadline for scholarship applications is April 17, 2017

Scholarship does not apply to Specialty Camps.

Payment Options

Payment Choice:

Credit Card Check Electronic Funds Transfer (EFT)

Electronic Funds Transfer (EFT)

Pre-authorized debit on the 15th of each month from your checking account. Your first monthly payment and voided check will be required to set up this option.

Authorization Agreement for Pre-Arranged Payments (Debits)

I (We) authorize the Weinstein JCC to initiate debit entries to my (our) checking account maintained at the bank named below, herein after called Bank.

This authority is to remain in full force and effect until Bank has received written notification from me (or either of us) to its termination in such time and in such manner as to afford Bank a reasonable time to act on it. A customer also has the right to question Bank about any debit entry by notifying Bank no later than 60 days after Bank sends a statement to customer containing the entry. Bank will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

of Months _____ Start Month (must begin by June) _____

S.S.# _____

Bank Name _____

Signature _____

Please staple voided check to the top of this page

After-Care (5:00 - 6:00PM)

For Camp Hilbert and Specialty Camps only; does not apply to 12-month families.

Select all weeks that after-care will be utilized at \$10 per week. If not registered, charge will be \$10 per day.

- Week 1 Week 4 Week 7 Week 10
 Week 2 Week 5 Week 8 Week 11
 Week 3 Week 6 Week 9

Credit Card

Please complete the appropriate form with credit card number, expiration date, preferred process date and signature. (Pre-authorization from your VISA, American Express or MasterCard monthly.)

Visa Mastercard American Express

Preferred Process Date (15th, 22nd, or 30th) _____

of Months _____ Start Date (must begin by June) _____

First Name _____

Last Name _____

Credit Card # _____

Exp. Date _____ Security Code _____

Signature _____

I wish to contribute to the Scholarship Fund

Contribution Amount for Scholarship	\$
After-Care Fees (For Hilbert/Spec. Camps only)	\$
Camp Hilbert Fees	\$
Specialty Camp Fees	\$
Camp Ganim Fees	\$
Voices Together Fees	\$
Deposit: \$25 per week / per child	- \$
Total Balance Due by June 2, 2017 Total Fees Less Deposit	\$

For Office Use Only: Member # _____ Batch # _____ Date Received _____ Date Entered _____