



2024 Payment Plan Setup Form

STEP 1

A Please print the name(s) of your Camper(s):

B Total Balance Due:

Please enter the Total Balance Due that is found on your invoice or enrollment confirmation. If you are completing this form before you are enrolled, please visit: <https://www.campkinneret.com/rates/>

STEP 2

Take the Total Balance Due (Step 1) and divide it by the number of payments you would like to make to obtain the amount for each payment.

divided by

Total Balance Due (from Step 1)

number of payments you want to make (2-6 payments)

=

Amount Per Check/Charge

STEP 3

Select the months during which you would like to make your payments. Write your payment amount to the left of each payment date. In box **7**, total circles **1** - **6**. This should equal your Total Balance Due from Step 1.

1

January 15th

4

April 15th

2

February 15th

5

May 15th

3

March 15th

6

June 10th

** Early bird rate will still apply if plan is set up and at least 25% is paid prior to 4/1.*

7

Total Amount of Checks/Charges

add up the totals from all the boxes in step 3

STEP 4

If you are paying by check, your credit card on file will only be used in the event of a returned check and/or unpaid balances that remain on file past your final payment due date.

Please continue to page 2 to complete the payment plan setup form.

OPTION 1 Pay By Check Or Direct Checking Account Transfer (ACH)

Pay By Submitting Post Dated Checks With This Form

Camp Kinneret will deposit post dated checks on the dates listed on the form. If the date listed falls on a weekend or holiday, the deposit will be made on the next business day.

MAIL PAYMENTS TO:

Camp Kinneret
PO Box 329
Agoura Hills, CA 91376-0329

EMAIL FORM TO:

info@campkinneret.com

OR

Pay By Direct Checking Account Transfer. (ACH Authorization)

Please use the account on file (ending in _____) for ACH transfer.

Please use a different account for ACH transfer:

ACCOUNT TYPE:

Checking

Savings

Account Holder Name:

Bank Name:

Routing Number:

Account Number:

I authorize my bank to debit my account as identified above as follows:

Check All That Apply

A. Payment Plan: Camp Kinneret can divide the remaining balance on my account and create recurring monthly payments to bring my balance to \$0 on June 10th

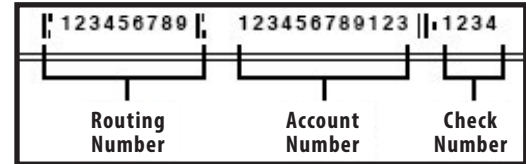
AND B. In the event that I incur additional charges related to my child's attendance at camp this summer, I authorize my bank to debit my account to pay such charges upon demand by Camp Kinneret. Such charges may be for items such as attendance for additional days, weeks or sessions, the purchase of camp items such as water bottles or the attendance at a camp sleepout.

I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-Sufficient Funds). I will be liable to pay an NSF fee of \$45.00 (or the amount allowable by law) which may be automatically debited.

I represent and warrant that I am authorized to execute this payment authorization. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ **Date:** _____

Second Authorized Signature of Bank Account if Required: _____ **Date:** _____



OPTION 2 Pay By Credit Card/Debit Card (+3% processing fee)

Use The Credit Card On File ending in:

AMERICAN EXPRESS

Use The Following Credit Card:

VISA

Name: _____
(as it appears on the card)

Mastercard

Card Number:

Expiration Date: _____ / _____

Security Code:

(MC/VISA: 3 numbers on the back of the card. AMEX: 4 digits on the front of the card.)