Journeys in Camping Fun — Credit Card Authorization

_____
Date

_____ _____
Camper's Name Camp Location

_____
Camper's Address City State Zip

Credit Card Authorization Agreement

- Charges will be run on a weekly basis in accordance with camp payment schedule in the amount of the session balance plus any other associated camp fees including transportation and camp extras. I realize my camper must maintain active membership through the last day of the season to receive the membership camp rate.
- If my card is declined, the Billing Office will make one attempt to contact me. I understand it is my responsibility to submit an alternative form of payment within 2 business days or I will forfeit my camper's slot.
- In the event my card is declined, I prefer the Billing Office to contact me by (choose one)
  - o Phone at _____
  - o Email at _____@_____
- I understand subsequent declines may result in a $25 administration fee and my account may be placed on "Cash or Money Order Only" status.
- To cancel this authorization, I will submit my written request to Billing Office two weeks prior to stop date.

Credit Card Information

Type: ○ AMERICAN EXPRESS ○ DISCOVER ○ MASTERCARD ○ VISA

Credit Card Number | | | | | | | | | | | | | | | |

Expiration Date | | | / | | |

Credit Card Security Number | | | | | *(3 or 4 digit number on the backside of card)*

By signing this authorization form, I am granting the Y of Central Maryland permission to charge the above credit card. I have read and understand the credit card authorization agreement.

_____ _____ _____
Card Holder's Name as appearing on card Card Holder's Signature Date

Billing Office Use Only

Member Number _____ MSR Initials _____