Payment Plan Authorization Form

I would like to enroll in automatic billing. I authorize NWSRA to bill directly to my:

Please check one:

Amex Visa MasterCard Discover

**Please Print Clearly**

|  |  |
| --- | --- |
| Name as it appears on the credit card: |  |
| E-mail Address: |  |
| Card Number: |  |
| Expiration Date: |  |
| Security Code: |  |

Automatic Bill Payment Schedule

 **To be completed by Office Staff:**

 Funds will be debited according to the following schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| Season | 1/3 of amount debited | Second 1/3 of amount debited | Final 1/3 of amount debited |
| Winter/Spring | Registration Deadline | February 1  | March 1  |
| Day Camp | Registration Deadline | June 1  | July 1 |
| Summer | Registration Deadline | June 1  | July 1 |
| Fall | Registration Deadline | October 1  | November 1  |

**To be completed by registrant:**

I authorize NWSRA to automatically withdraw payments in the amount shown from the listed account on the dates provided above. I agree that funds will be available and that NWSRA will withdraw 1/3 of the total registration amount on each of the dates listed on the withdrawal schedule.

Signature: Date: