



**JAMES L. MCKEOWN
BOYS & GIRLS CLUB
OF WOBURN**

Summer Camp 2020 Automatic Payment Form

Camper's Name(s): _____

Payment Options

I would like to participate in the 12 week payment plan. My balance will be divided by 12 equal payments. My credit or debit card will be charged each week on Monday, beginning Tuesday 5/26/20 (due to the Memorial Day holiday) and concluding Monday 8/10/20.

I would like my credit card to be charged on the Monday prior to the week(s) that my child(ren) are scheduled to attend camp.

Credit Card Information

Card Holder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type (circle one): MC Visa AMEX Discover

Credit Card Number: _____

Expiration Date: _____ CVV Number: _____

E-Mail Address (for receipts): _____

Authorization

I authorize the James L. McKeown Boys & Girls Club of Woburn to charge my credit or debit card, according to the schedule indicated above, for Summer Camp 2020 tuition payments.

Signature of Card Holder: _____ Date: _____