

**AUTHORIZATION FOR AUTOMATED DEBITS (ACH DEBITS)**

*Please mail or fax to: Camp Pecometh, 136 Bookers Wharf Road, Centreville, MD 21617  
Fax: (410) 556-6901*

Company Name: **Camp Pecometh**

I (We) hereby authorize **Camp Pecometh** to initiate debit entries and to initiate if necessary, corrections to my (our):

Please check one:

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

We will initiate the debits on the following dates. Please mark your choice of date for your account to be debited.

- \_\_\_\_\_ 8-pay option (monthly payment beginning February 15 and ending September 15)  
Amount: \$ \_\_\_\_\_
- \_\_\_\_\_ 7-pay option (monthly payment beginning March 15 and ending September 15)  
Amount: \$ \_\_\_\_\_
- \_\_\_\_\_ 6-pay option (monthly payment beginning April 15 and ending September 15)  
Amount: \$ \_\_\_\_\_
- \_\_\_\_\_ 5-pay option (monthly payment beginning May 15 and ending September 15)  
Amount: \$ \_\_\_\_\_
- \_\_\_\_\_ 4-pay option (monthly payment beginning June 15 and ending September 15)  
Amount: \$ \_\_\_\_\_
- \_\_\_\_\_ Check here if EZPay amount should be adjusted to account for third party payments such as local church scholarships  
Estimated Amount of Scholarship: \$ \_\_\_\_\_

Indicate the depository name below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Depository Name (Bank): \_\_\_\_\_

Transit / ABA Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Exact Name(s) as it appears on the account: \_\_\_\_\_

This authority is to remain in full force and effect until **Camp Pecometh** has received written from me (or either of us) of its termination in such time and in such manner as to afford **Camp Pecometh** a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

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FOR COMPANY USE ONLY

Date received: \_\_\_\_\_

Processed by: \_\_\_\_\_