



PRE-AUTHORIZED PAYMENTS BY CREDIT CARD

By the present, I authorize *La Corporation du Centre du Sablon* to take, from my credit card, the amounts check marked below at the date indicated up to and until I decide to cancel the present authorisation:

NON-REFUNDABLE ADMINISTRATIVE FEE OF \$15 PER DAY WILL BE CHARGED UPON REGISTRATION.

OPTION #1: Charge whole amount of camp upon registration.

Registration Date: _____ Amount: \$ _____

OPTION #2 : Charge on camp dates.

Registration Date: _____

Amount: \$15 X # of days _____ + membership fees \$19.50 (if applicable) = \$ _____

	CHARGED UPON REGISTRATION	CHARGED ON CAMP DATES (\$30 per day)
<input type="checkbox"/> December 21 st , 2020	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30
<input type="checkbox"/> December 22 nd , 2020	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30
<input type="checkbox"/> December 23 rd , 2020	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30
<input type="checkbox"/> December 28 th , 2020	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30
<input type="checkbox"/> December 29 th , 2020	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30
<input type="checkbox"/> December 30 th , 2020	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30

Credit card: Visa MasterCard

Card Number: _____ Expiration date: _____

CCV2 → 3-digit number on the back of the card: _____

Child's Name: _____

Payer Identification

Ludik: _____

Last name, First name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Signature: _____ Date: _____

I will inform *La Corporation du Centre du Sablon* of all changes regarding my account that is given to you in the present authorisation before the deadline of the next payment.