



# 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. 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.

**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 weeks

Registration Date: \_\_\_\_\_

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

**RESERVED FOR ADMINISTRATION**

• **Week 1 (Remaining December amount):** \_\_\_\_\_ \$

• **Week 2 (Remaining January amount):** \_\_\_\_\_ \$

Credit card:  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## Payer Identification

# Ludik: \_\_\_\_\_

Last name, First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_