

**Camp Emeth 2014
Payment Options**



Name of Parent: _____

Name of Camper(s): _____

Option 1 – Full Payment

_____ Payment in full by check enclosed

_____ Charge my credit card for full payment

**PLEASE INDICATE DATE OF FULL PAYMENT ON PAYMENT SCHEDULE
BELOW – Anytime prior to May 15, 2014**

Option 2 – Scheduled Payment Options

_____ By credit card on or around the 10th of the month.

_____ By automatic checking account withdrawal (please attach a blank voided check). Payments will be withdrawn on or around the 10th of the month.

Credit Card Authorization Form

I (We) authorize Congregation Shaare Emeth (Camp Emeth) to initiate charges as shown above, on my credit card. This authority will remain in effect until our Camp Emeth account is paid in full, no later than May 15, 2014.

_____ Credit Card Number (please include 3 digit secure key) _____ Expiration Date

_____ Authorized Signature (Print) Last Name _____ First Name

_____ Billing Address – Street, City, State, Zip

Questions about your payment may be made to:
Paige Brown – 314-692-5306 – pbrown@shaare-emeth.org

PAYMENT SCHEDULE

Remaining balance **AFTER** \$150.00 non-refundable deposit, divided by number of payments (4 possible) taken monthly through May 15, 2014.

February 10, 2014	\$ _____
March 10, 2014	\$ _____
April 10, 2014	\$ _____
Final Payment May 15, 2014	\$ _____

Thank You!