

**Authorization Agreement for Direct Payment
(Charge to Debit/Credit Card)**

Please complete and sign this form then return it to Geneva Glen Camp.
(PO Box 248, Indian Hills, CO 80454)

I hereby authorize Geneva Glen Camp to charge my _____ card, in
DEBIT OR CREDIT
the amount of \$ _____ on the _____ of each month. My
AMOUNT 1ST OR 15TH
card is a _____ in the name of _____,
VISA OR MASTERCARD FULL NAME AS PRINTED ON THE CARD
my billing address is _____,
my card number is _____. Expiration date is _____
CVS code (3 digit # on back of card) _____.

*Monies are to be collected monthly for Geneva Glen Camp, Inc. and deposited to their
Account# 8108091089, ABA Routing# 044000804.*

*I acknowledge that the origination of ACH transactions to my account must comply with the
provisions of U.S. Law.*

*The authorization is to remain in full force and effect until Geneva Glen Camp, Inc. has
received written notification from me of its termination. Please send written notification 30
days prior to termination.*

Name(s): _____

Signature(s): _____ Date: _____

- I would love to contribute to the Campership program
- I would like my donation to help with Capital Improvements
- Please use my donation where it is most needed
- Other _____

Office use only

Received by _____ Date _____

Database Entry Date _____

Cancellation Date _____ Written Notice Yes No