



Payment Plan Setup Form

STEP 1

A Please print the name(s) of your Camper(s): _____

B Total Balance Due:

Please enter the Total Balance Due that is found on your invoice or enrollment confirmation. If you are completing this form before you are enrolled, please visit: <http://campkinneret.com/rates>

STEP 2

Take the Total Balance Due (Step 1) and divide it by the number of payments you would like to make to obtain the amount for each payment.

	<input type="text"/>	Total Balance Due (from Step 1)
	<i>divided by</i>	
	<input type="text"/>	number of payments you want to make (2-6 payments)

=	<input type="text"/>	Amount Per Check/Charge

STEP 3

Select the months during which you would like to make your payments. Write your payment amount to the left of each payment date. In box **7**, total circles **1** - **6**. This should equal your Total Balance Due from Step 1.

- | | | | | | |
|----------|----------------------|---------------|----------|----------------------|------------|
| 1 | <input type="text"/> | January 15th | 4 | <input type="text"/> | April 15th |
| 2 | <input type="text"/> | February 15th | 5 | <input type="text"/> | May 15th |
| 3 | <input type="text"/> | March 15th | 6 | <input type="text"/> | June 15th |

* Early bird rate will still apply if plan is set up and at least 25% is paid prior to 5/1.

7 **Total Amount of Checks/Charges**
add up the totals from all the boxes in step 3

STEP 4

If you are paying by check, your credit card on file will only be used in the event of a returned check and/or unpaid balances that remain on file past your final payment due date.

Please continue to page 2 to complete the payment plan setup form.

Use The Credit Card On File.

OR

Pay By Submitting Post Dated Checks With This Form.

Camp Kinneret will deposit post dated checks on the 15th of each month. If the 15th falls on a weekend or holiday, the deposit will be made on the next business day. Paying by check requires that post dated checks for all payments be submitted with this form.

OR

Use This Credit Card.

Your new credit card will be charged for your payment plan payments, however your original card will be used as a backup should charges to your new card be declined. We will notify you if this happens.

MAIL PAYMENTS TO:

Camp Kinneret
PO Box 329
Agoura Hills, CA 91376-0329

FAX FORM TO:

(818) 865-6262

EMAIL FORM TO:

info@campkinneret.com

Name: _____
(as it appears on the card)

Expiration Date: /

Security Code:
(MC/VISA: 3 numbers on the back of the card. AMEX: 4 digits on the front of the card.)

- AMERICAN EXPRESS
- VISA
- MASTERCARD

Card Number:

Billing Address: _____ Billing Apt/Suite: _____

Billing City: _____ Billing State: _____ Billing Zip Code: _____

I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-Sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law) which may be automatically debited.

I represent and warrant that I am authorized to execute this payment authorization. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____