

Payment Plan Authorization Form

I would like to enroll in automatic billing. I authorize NWSRA to bill directly to my:

Please check one:

☐ Amex

☐ Visa

☐ MasterCard

☐ Discover

Please Print Clearly

Name as it appears on the credit card:	
E-mail Address:	
Card Number:	
Expiration Date:	

Automatic Bill Payment Schedule

To be completed by Office Staff:

Funds will be debited according to the following schedule:

Season	1/3 of amount debited	Second 1/3 of amount debited	Final 1/3 of amount debited
Winter/Spring	Registration Deadline	February 1	March 1
Day Camp	Registration Deadline	July 1	August 1
Summer	Registration Deadline	July 1	August 1
Fall	Registration Deadline	October 1	November 1

To be completed by registrant:

I authorize NWSRA to automatically withdraw payments in the amount shown from the listed account on the dates provided above. I agree that funds will be available and that NWSRA will withdraw 1/3 of the total registration amount on each of the dates listed on the withdrawal schedule.

Signature: _____ Date: _____