

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS/DEBITS) - Long Lake Camp Adventures

To enroll, we require a minimum deposit of \$750 either by mailing a check or by using our ACH form below. Please indicate which method you prefer.

☐ I will mail a check payable to "Long Lake Camp Adventures" to the address below:



Long Lake Camp Adventures
199 Washington Avenue
Dobbs Ferry, NY 10522

ACH Payments

If this is your initial deposit of \$750 or more, you must enter \$750 or more in the "One Time Amount" Space below, thank you.

I (we) hereby authorize Long Lake Camp Adventures, to initiate debit entries to my (our) Checking Account ☐ Savings Account ☐ (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____ One time Amount \$ _____

In addition to the one time amount payment I would also like to add the optional payments below:

☐ Yes, I would like you to automatically process the \$750 payment due one month from today's date.

☐ Yes, I would like you to automatically process a \$500 payment each month through March, 2026.

☐ Yes, I would like you to automatically process my final payment April 1st, 2026.

This Authorization is to remain in full force and effect until Long Lake Camp Adventures has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Long Lake Camp Adventures and financial institution a reasonable opportunity to act on it.

Account Holder's Name(s) _____

Date _____

Signature _____

Camper Name(s): _____

NOTE: All written Credit/Debit Authorizations must provide that the signer may revoke the authorization only by notifying the originator in the manner specified in the authorization.