



Payment Plan Enrollment Form

Complete the following information and submit via:

1. Email to camp@campcedarcliff.org
2. Mail to PO Box 9036, Asheville, NC 28815
3. Fax to 828-298-7313

Questions? Contact Hayley @ 828-450-3331.
Please retain a copy of this form for your records.

Camper Name(s): _____

Credit Card: Visa Mastercard Discover AmEx

Card Number: _____ Expiration Date: _____

Name on the Card: _____

Security Code: _____ (last three digits on back of card or 4 digits on front of card for AmEx)

Amount to be charged on 1st of each month:

(calculate below based on balance being paid in full no later than June 1, 2016)

\$ _____ /mo. x _____ months = _____ (total balance due for 2016)

Example: \$77.22/mo. x 9 months = \$695 total balance due for 2016

Requested start date: _____

I, _____, authorize Camp Cedar Cliff to charge the credit card indicated above on the first day of each month from _____ (start date listed above) until payment is paid in full, based on the calculation listed. I understand that this charge will be credited to my child's (children's) camp fee(s).

Signature: _____

Date: _____