

# Charles T Sitrin Health Care Center Summer Day Camp

## Debit Authorization Form

I/We \_\_\_\_\_ (Name),  
authorize the Charles T Sitrin Health Care Center to Direct Debit my/our  
account at \_\_\_\_\_ (Bank Name)  
for Sitrin's Summer Day Camp Program.

**Payments will be processed on the Friday prior to your scheduled week**

**Please complete the following information:**

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ Savings \_\_\_\_\_ Checking

Bank Routing Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*To receive confirmation that your account has been debited*

*Payments will be processed the Friday prior to the week your child is in attendance*

\_\_\_\_\_  
Parent Name - Print

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

***Please return Debit Authorization with your camp enrollment form***