



## Camp J Payment Plan Form

### Authorization Agreement for Preauthorization Payments

I authorize Jewish Nevada to initiate the processing of Camp J payments through automatic bank withdrawals or credit card payments, and to initiate, if necessary, adjustments for any entries made in error to the account below and the depository financial institution named below.

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

How do you plan on submitting payment?

*(Please check one and provide the information necessary below to complete your payments)*

☐ Banking/ACH

☐ Credit/Debit Card

Name of Banking Institution: \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ (Required)

Bank Account # \_\_\_\_\_ (Required)

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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For Banking/ACH, Please Attach a Voided Check and Return with this Paperwork