

AUTHORIZATION FOR DIRECT PAYMENT

Site #: _____



**14842 Sakatah Lake Road
Waterville, MN 56096
507.362.8616**

I authorize Kamp Dels and the financial institution named below to initiate electronic entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of your Financial Institution Branch

City State Zip

Your Name (print legibly)

Your Address City State Zip

Account Number: _____
 Checking Savings

Financial Institution Routing Number: _____

2017 Seasonal Site Rental:	
Site Fee:	\$3460.00
<u>Estimated Elec</u>	<u>\$ 200.00</u>
Total Site Fee:	\$3660.00
Damage Deposit:	\$ 200.00
<i>Collected separately by check.</i>	

Please attach VOIDED Check to ensure accuracy.

ACH PAYMENT PLAN:

Date of Sign Up: _____

On or before this date your payments / month will be as follows.

- October 1st: \$406.67
- November 1st: \$457.50
- December 1st: \$522.86
- January 1st: \$610.00
- February 1st: \$732.00
- March 1st: \$915.00
- April 1st: \$1220.00

*Above ✘ amount will be charged on or shortly after the first of each month remaining through June 1st. Kamp Dels will email 2 to 3 days prior to initiating charges. **Future years: December payment will be adjusted to include the difference between estimated electric and actual electric.*

On _____ I authorize Kamp Dels
 Today's Date (Address and phone # listed above)
 to initiate electronic entries to my checking/savings account and have agreed to the terms listed above. I may revoke this authorization at any time by informing Kamp Dels in writing.

Signature:

Date: