

Your Name: _____
Address: _____
Phone: _____

Lake Hideaway Camp
PO Box 365
Waverly, PA 18471



Debit Authorization Agreement Form

Authorization Agreement

I hereby authorize **Lake Hideaway Camp** to initiate an automatic debit to my account at the financial institution named below. I also authorize **Lake Hideaway Camp** to make automatic deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **Lake Hideaway Camp** responsible for any delay or loss of payments due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account.

This agreement will remain in effect until **Lake Hideaway Camp** receives a written notice of cancellation from me or my financial institution.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____