City of Covina
Parks & Recreation Department

CAMP COVINA AUTOMATIC PAYMENT PROGRAM

The Parks & Recreation Department is offering the convenience of an Automatic Payment Program for the summer Camp Covina program. Two options are available – a weekly payment plan (Option 1) and a biweekly payment plan (Option 2). The options are detailed below.

WEEK	CAMP DATES	CANCELLATION DEADLINE	***OPTION 1*** ***WEEKLY PAYMENTS***	***OPTION 2*** ***BIWEEKLY PAYMENTS***
			AUTO PAYMENT DATE	**AUTO PAYMENT DATE**
1	June 13-17	June 6	June 6	June 6
2	June 20-24	June 13	June 13	June 6
3	June 27-July 1	June 20	June 20	June 20
4	July 5-8	June 27	June 27	June 20
5	July 11-15	July 5	July 5	July 5
6	July 18-22	July 11	July 11	July 5
7	July 25-29	July 18	July 18	July 18
8	August 1-5	July 25	July 25	July 18
9	August 8-12	August 1	August 1	August 1
10	August 15-19	August 8	August 8	August 1

Automatic Payment Program Policies

- Credit card information (VISA or MasterCard only) must be provided at time of enrollment into the Automatic Payment Program. Credit card may only be changed if the original card provided becomes invalid.
- **Cancellations must be made by 5:45 p.m. on the Cancellation Deadline date.** Cancellations or changes must be made either in person at the Parks & Recreation office or by emailing request to *parksandrecreation@covinaca.gov*.
- Balances due will be automatically charged after 5:45 p.m. on the payment dates indicated above.
- If a credit card is declined, the child's space may be forfeited unless an alternate form of payment is made by 12 p.m. the following day.
- Once enrolled in the Automatic Payment Program, it will be effective for the entirety of the 2016 summer Camp Covina program.

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CAMP COVINA AUTOMATIC PAYMENT PROGRAM ENROLLMENT FORM

CAMPER'S NAME(S): _____

PARENT'S NAME: _____

CHOOSE PAYMENT OPTION: ☐ **OPTION 1 – WEEKLY PAYMENTS**

☐ **OPTION 2 – BIWEEKLY PAYMENTS**

By signing below, I am certifying that I have read and understand the Automatic Payment Program policies and schedules. Furthermore, I authorize the City of Covina Parks & Recreation Department to charge my balance owed on the payment due dates, per the option I select.

_____ _____
Signature Date

* *

Staff Use Only

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE:_____

* *

Parent's verification of credit card information recorded by staff:

_____ _____
Signature Date