

Authorization for electronic payment from checking or savings account



Ebner Camps, Inc.
Camps Awosting & Chinqueka
P.O. Box 355
Bantam, CT 06750
P: (860) 567-9678
F: (860) 626-8301



Name of Camper(s): _____ Amount to be charged: _____

Bank Name: _____ Checking Savings

Account Number : _____ Routing Number: _____

Name on Account: _____

Address on Account: _____

Street

City

State

Zip

Country

____ Please charge my account balance to the above account on May 1, 2010. (Optional)

I hereby authorize Ebner Camps, Inc. dba Awosting and Chinqueka to make a direct withdrawal from my checking/savings account for the above stated amount.

Signature

Date

Please fax signed form to (860) 626-8301 or return with application.