



Boulder Ridge Day Camp

ACH Authorization Form

Name of Camper(s): _____

Amount to be charged: _____ Checking Savings

Bank Name: _____

Account Number: _____ Routing Number: _____

Name on Account: _____

Address on Account: _____

Street

City

State

Zip

Country

Please charge the remaining balance on June 1st (optional).

I hereby authorize Ebner Camps, Inc. d.b.a. Boulder Ridge Day Camp to make a direct withdrawal from my checking/savings account for the above stated amount.

Signature

Date

Return to: Boulder Ridge Day Camp 104 Goose Green Road Barkhamsted, CT 06063

P: (860) 379-6500 F: (860) 921-5165 E: info@boulderday.com