

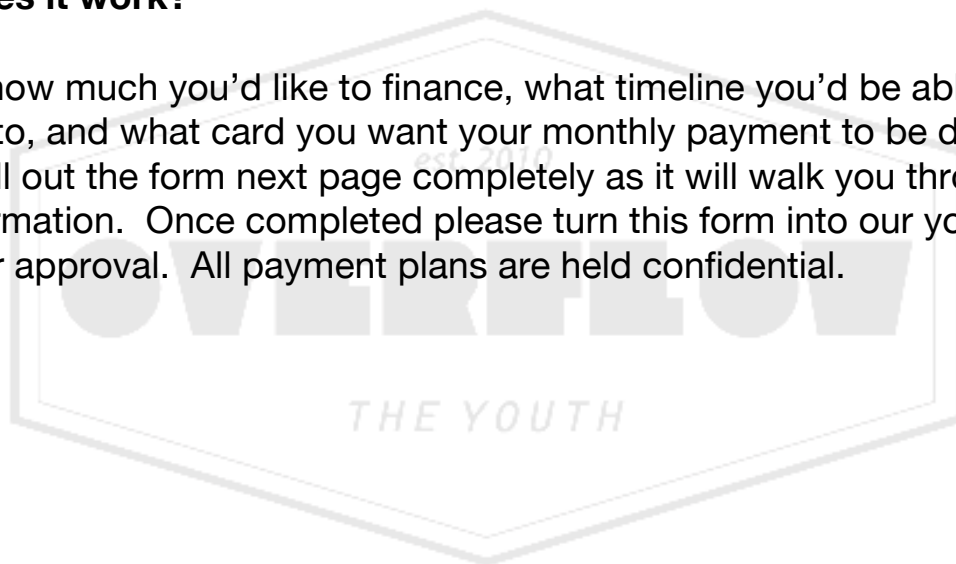
## **Trips / Events Payment Plan**

We know that camp can be expensive, especially when you have multiple students attending, and strongly feel that the lack of finances should not be the reason why your son or daughter cannot attend. We'd love to help in anyway we can to make camp a possibility.

If setting up a payment plan would be helpful then we want to make that possible. Please complete, and return the form below as soon as possible so we can process your monthly payment schedule.

### **How does it work?**

Decide how much you'd like to finance, what timeline you'd be able to commit to, and what card you want your monthly payment to be deducted from. Fill out the form next page completely as it will walk you through this information. Once completed please turn this form into our youth office for approval. All payment plans are held confidential.



**Financed Amount:** \$\_\_\_\_. \_\_\_\_ This is the amount that you'll be paying off

**Payment Length:** You can choose how many months you would like to take to payoff this trip. If you are financing less than 50% of the trip you can choose a 1-4 month payment period, or if you are financing 50% or more of the trip cost then you can choose a 1-6 month payment period. Number of Months I'll be financing: \_\_\_\_\_

**Withdrawal Date:** You may choose what date you'd like your monthly payment to be deducted from your account. Your monthly withdrawal will start the month after this form is turned in. I would like my payments to be deducted on the \_\_\_\_\_ of every month.

**Credit Card Information:** Please give us the information from the credit/debit card you'll be using.

First & Last name of Cardholder: \_\_\_\_\_

Trip Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type: *Visa MasterCard American Express*

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

I commit to following through with this payment plan and give Grace Fellowship Church permission to follow through with the following payments.

x: \_\_\_\_\_ x: \_\_\_\_\_  
Card Holder Signature OVERFLOW Authorization Signature