

# Camp Good Days & Special Times Inc.

This form authorizes Camp Good Days and Special Times, Inc. to withdraw a specified amount from your Checking or Savings account on a monthly basis.

In order to ensure accuracy, **please attach a voided check to this form**. Once completed, please return the form through the mail to the address below:

Camp Good Days and Special Times, Inc.  
1332 Pittsford-Mendon Road  
Mendon, New York 14506

## **Bank Account Information:**

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**Bank/Financial Institution Name**

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**Account Type (Checking or Savings)**

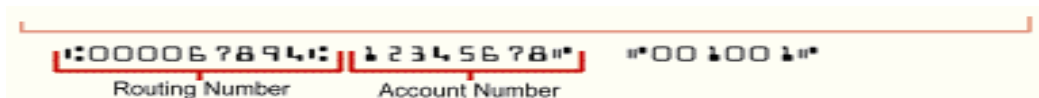
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**Bank Account Number**

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**Bank Routing (ABA) Number**

You can locate your Bank Account and Routing Numbers by looking at the bottom of your checks (see below and/or by calling your bank).



## **Account Holders Authorization:**

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**Amount per month that you would like to have withdrawn from your account**

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**Day in which you would like the funds to be withdrawn from your account each month**

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**Account Holders Name**

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**Account Holders Address**

**City**

**State**

**Zip**

By signing below, authorize Camp Good Days and Special Times, Inc. and their financial institution to withdraw the specified amount noted above from my aforementioned account. This withdrawal will continue until I give my written notice to Camp Good Days and Special Times, Inc. to terminate the recurring withdrawal from my account.

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**Signature**

**Date**