



## ELECTRONIC BILL PAYMENT AUTHORIZATION

The Campagna Center offers to all parents the opportunity to enroll in the electronic bill payment service. This service is free to all registered parents. The electronic bill payment service is fast, hassle free and convenient for both the Campagna Center and parents. If you choose to enroll, we will automatically charge your Credit or Debit card **on the 1st of each month for the exact amount of the monthly fees due.**

### Please check the required type(s) of payment:

I authorize a payment for **REGISTRATION FEE (\$35.00/child)** to The Campagna Center.

I authorize a **ONE-TIME** payment of \$\_\_\_\_\_ to The Campagna Center.

I authorize a **MONTHLY** payment of \$\_\_\_\_\_ to The Campagna Center  
beginning \_\_\_\_\_ and ending June 1<sup>st</sup>, 2012.

### Card Type (please one of the following):



Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

**\*\*\*You are responsible for updating The Campagna Center if credit card information changes.\*\*\***

**\*\*\*A penalty fee of \$25 will be charged to your account if the payment is declined. After two declined payments, The Campagna Center may opt to no longer accept credit card as a form of payment.\*\*\***

Name on Card \_\_\_\_\_

(As it appears on card. Please print)

Debit/Credit Card Billing Address \_\_\_\_\_

Street Address

Apt #

City

State

Zip Code

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's name \_\_\_\_\_ Site Attending \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax the completed and signed authorization to:

**The Campagna Center Finance Department**

**418 S. Washington St.**

**Alexandria, VA 22314**

**Fax# 703-549-2097**

**Email (scan copy): [shayes@campagnacenter.org](mailto:shayes@campagnacenter.org)**