



Recurring Credit Card Payment Authorization

Please complete this form to authorize regularly scheduled charges for Summer Camp 2025 payments to your credit card. You will be charged the amount indicated below each billing period for the selected weeks via Stripe. A receipt for each payment will be provided to you via email, and the charge will appear on your credit card statement. You agree that no prior notification will be provided.

To Be Filled Out by Parent/Guardian:

I, _____, authorize Boys & Girls Clubs of St. Charles County (BGCSTC) to charge my Credit Card ending in (last 4 digits of card) _____ for \$ _____ for each week of Summer Camp 2025 initialed below. The weekly camp rate is \$145.00 for the first member. The weekly camp rate for a sibling is \$125.00. **My credit card will be charged by the due date for each week I initial.**

Child's Name: _____ Sibling Name: _____

Sibling Name: _____ Sibling Name: _____

Week	Parent Initials	Charge Date
Week 1: June 2 - 6		Monday, May 19
Week 2: June 9 - 13		Monday, June 2
Week 3: June 16 - 20		Monday, June 9
Week 4: June 23 - 27		Monday, June 16
June 30 - July 4	Clubs Closed	Clubs Closed
Week 5: July 7 - 11		Monday, June 30
Week 6: July 14 - 18		Monday, July 7
Week 7: July 21 - 25		Monday, July 14
Week 8: July 28 - Aug 1		Monday, July 21
Week 9: Aug 4 - Aug 8		Monday, July 28

I understand this authorization will remain in effect until Summer Camp 2025 is over. I authorize BGCSTC to charge my credit card a week before each week I selected. I agree to notify BGCSTC in writing of any changes to my account information or termination of this authorization at least 15 days before the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand the payments may be processed on the next business day. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____