



Seymour Community Services

20 Pine Street
Seymour, CT 06483
Telephone 203-888-0406 Fax 203-881-5026

seymourcommunityservices.com • facebook.com/seymour.ct

2019 Payment Plan Application

A Payment plan can be arranged. The program fee must be paid in full prior to June 10th.

Authorization must be given to allow automatic Credit Card/Debit Card payments every week. The amount of the payment will be determined by the date of registration and the weeks remaining until June 10th when all payments are due

To set up a payment plan please register your child for camp at www.seymourcommunityservices.com and complete the information below. This form must be returned to the community center by email to mmcnelis@seymourct.org or in person at 20 Pine Street.

Payment information:

Name of Child (ren)

Your credit card will be charged in even weekly installments.

| | | | |
|----------------------|-------------------------------------|-------------------------------|-----------------------------------|
| Card Holder Name | | | |
| Card Holder Address | | | |
| Type of Card | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| Card Number | | | |
| Expiration Date | | Three Digit Code | |
| Authorized Signature | | | |

I have read the above and understand the payment requirements and the Refund Policy located on the Seymour Community Services Website.

My signature below is authorization for The Town of Seymour to charge my Credit Card for the payments and weekly installments as outlined above.

Card Holder Signature: _____ Date: _____

| FOR OFFICE USE ONLY | | | | |
|---------------------|------------------|-------------|----------------------|----------------|
| | - | = | ÷ | = |
| Total Program Cost | Deposit (if any) | Balance Due | #Weeks until July 14 | Weekly Payment |
| | Deposit Date | | Payment Start Date | |