

2022 Challenger Summer Camp Payment Program Enrollment Form

Please note: this form must be submitted by May 1, 2022.

Draftee's bank account will automatically be drafted May 31st and June 27th throughout the school year to pay for the child's Challenger camp fees. **Funds need to be in the banking account or insufficient fund fees will be applied and the student may be removed from the program.**

School: _____

Child's Full Name: _____

Students may begin Challenger Summer Camp provided an online registration is completed by the designated deadline date of May 1st and banking information has been submitted by May 1st. Once the draft occurs on May 31st and June 27th, no refunds will be given.

I wish for my child (choose one):

- ☐ To attend all 8 weeks
- ☐ To attend the 1st 4 weekss
- ☐ To attend the last 4 weeks

Enrollment registration forms and changes in bank information must be submitted to school Challenger director by May 1st, 2022.

To receive a Reduced or Free Challenger rate, a 2021-2022 lunch letter documenting the approved lunch status must be emailed to LDwilliams@rhmail.org prior to the first draft on May 31st, 2022.

Select Payment Rate:

- ☐ \$1400 (8 weeks of camp at General Enrollment Rate)
- ☐ \$1200 (8 weeks of camp at Free & Reduced Lunch or Employee Rate)
- ☐ \$700 (4 weeks of camp at General Enrollment Rate)
- ☐ \$600 (4 weeks of camp at Free & Reduced Lunch or Employee Rate)

A pre-printed check or a letter from your bank (starter checks and/or deposit slips are not acceptable**) is required.**

This letter must state the **type of account** (Checking or Savings), the **routing number, account number, draftee's name, draftee's address, draftee's phone number** and **verification that this account may be drafted by ACH debits.**

This letter must be on bank letterhead and signed by a bank employee. Acceptable draftees are parents/legal guardians and grandparents. **DRAFTEE (the bank account owner)**

(Internal Use): CSI Account Number _____

Draftee Name: _____

Relationship to Student: _____

Draftee Address: _____

Draftee Email: _____

Draftee Day Phone: _____

Preauthorization Form

I (we) hereby authorize Rock Hill Schools and CheckRedi, its agent, to initiate debit or credit entries to my account by funds transfer and/or automated clearing house ("ACH") transfer for the purpose of paying my child's Challenger summer camp tuition. I understand that in the event my account has insufficient funds to cover the payment drafted, or my draft rejects due to any other reason, a \$30.00 reject fee by CheckRedi will be assessed per draft as allowed by State law and additional processing fees may be charged by CheckRedi. Parents with a reject and non-payment to CheckRedi by the designated time will be removed from the program for the following week and will remain out of the program until all fees have been collected. CheckRedi will contact parents whose drafts have returned, prior to notification from Challenger Site Director, to discuss collection for continuance of his/her child in the Challenger program. CheckRedi customer service center may be reached toll free at 1-800-742-2925. After the third reject, the child will be removed from the program. I am an authorized party of the account listed above, and am exercising my powers as such.

Parent Signature: _____

Date: _____

Indicate the Type of Bank Account: ☐ **Checking** or ☐ **Savings**

(Internal Use): CSI Account Number _____

Electronic Funds Transfer Payment Authorization

Dear Draftee,

Please allow this letter to confirm that by your signature below, you hereby authorize Rock Hill Schools, to electronically debit your account for amounts due and owing between Rock Hill Schools and customer named above, henceforth known as customer. Electronic Debits will be processed by a third party named CHECKredi.

This authorization shall permit Rock Hill Schools to collect both variable and fixed recurring amounts and also variable and fixed one-time amounts that may be due from time to time between Rock Hill Schools and customer.

This authorization shall remain in place unless and until rescinded by customer via a written directive to Rock Hill Schools, at least five (5) days prior to any date in which any electronic funds transfer is to occur, in order to permit Rock Hill Schools sufficient time to act on it.

Rock Hill Schools agree that a draft schedule (once available) will be provided to customer indicating the amount due, together with the specific date that the customer's account shall be electronically debited.

In the unlikely event your returned draft is not paid, CHECKredi may elect to electronically (or by paper draft) re-present your payment up to two more times. You also understand and agree and authorize or permit CHECKredi to collect a return processing charge by the same means, in an amount not to exceed that as permitted by State law.

If you should have any questions concerning this payment transaction, you may contact us at 803-985-3635 during our normal business hours, 8:00AM to 5:00PM.

I, as the draftee, hereby grant authorization to Rock Hill Schools to electronically debit our bank account noted below for amounts owed to Rock Hill Schools.

Draftee Full Name: _____

Draftee Account Signature: _____

(Internal Use): CSI Account Number _____