



Camp Sparta Authorization Agreement for Automatic Payment

I (We) hereby authorize Sport X Change International dba Camp Sparta to initiate monthly debit entries to the ____ checking or ____ savings account (select one) indicated below at the bank named below in the amount of \$_____ for the benefit of Camp Sparta beginning on the date of _____.

Your Bank's Name: _____

Your Branch Location: _____

Bank Phone Number: _____

Bank's City _____ State _____ Zip _____

Your Bank's Transit / Routing Number: _____

Your Bank Account Number: _____

to be deposited to an account in the name of: Sport X Change International account number: 50217 563 0 .

This authority is to remain in full force and effect until Sport X Change has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please attach a "VOIDED" check or deposit slip and mail to:
Camp Sparta
5055 Camp Sparta Rd
Sebring, FL 33875

Please provide address to which the receipt is to be mailed:
