



Payment Plan Application

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name (if applicable): _____

Email Address: _____ Phone: _____

Program Name: _____ Date: _____

Camp Location (Lutheridge, Lutherock, Luther Springs, Lutheranch): _____

Terms of Payment Plan

By signing this application you give NovusWay Ministries permission to automatically deduct the below amount on the assigned date each month without monthly reminders. You will be notified within one business day if a payment is declined. Failure to address declined payments will result in the removal of the payment plan and payment in full will be due immediately.

Amount of Draft: _____

Date of Draft: _____ 1st of each month _____ 15th of each month

Final Draft will occur on: _____

Name (as it appears on card) _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Card Number: _____ - _____ - _____ Expiration Date: ____/____

Security Code : _____

I authorize NovusWay Ministries to charge the above reference credit card for my associated charges totaling:

Signature: _____ Date: _____