



## NovusWay Ministries

### 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): \_\_\_\_\_

### Terms of Payment Plan

There is a one-time \$25 set up fee that will be added to your bill for all payment plans. This fee will be charged on the first day of your first draft. 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: \_\_\_\_\_ 1<sup>st</sup> of each month \_\_\_\_\_ 15<sup>th</sup> 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:  
\$\_\_\_\_\_. Total must include \$25 Set up fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_