



Wild River Fitness

2019 EFT Payment Authorization Form for weeks 1 & 8

Authorization Agreement

I (we) authorize Wild River Fitness to deduct automatic payments from my (our) account at the financial institution on file with Wild River Fitness for the family listed below:

Child's Name(s): _____

Parent's Name(s): _____

Phone Number: _____

Billing Address: _____

I (we) understand that I am signing up my child/ren for these prepaid, non-refundable, non-transferable weeks of summer camp:

___ Week 1: July 1-3, 2019

___ Week 8: August 19-23, 2019

EFT or full payment are the only options in order to secure your spot for these weeks of summer camp.

I have read and understand Wild River Fitness EFT Payment Authorization for weeks 1 & 8

Authorized Signature: _____ Date: _____

If there are questions please contact Wild River Fitness at 715-294-2164 or email Wildriver@myomc.org



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