



**REMUNERATION PAYMENTS
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Mail the completed form to: Coast to Coast, PO Box 7028, Attn: Linda Clark, Englewood, CO 80155.

You may choose one option for your direct deposit:

- New direct deposit Change bank information Add to current info Cancel my direct deposit

**Prior to submission, please confirm all information with your bank.
Coast is unable to provide Electronic Funds Transfers with Canadian Banks.**

Bank Name _____	City _____	State _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings _____	____/____/____ - ____/____/____/____ - ____	
Account Number	Routing Number	

Due to banking regulations, financial institutions must be notified at least two weeks prior to the first direct deposit. Any payments made during that two-week period will be by check.

I hereby authorize Camp Coast to Coast, Inc or its parent company, Good Sam Enterprises, (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated above. Further, I authorize the Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event the Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

I understand that my deposit will be credited to my account following my financial institutions updating practices.

Name Printed: _____ Title: _____

Signature: _____ Date: _____

Resort Name: _____ Park Number(Pay To No): _____

Resort Tax ID(FEIN) _____ - _____ SSN(if filing as individual) _____ - _____ - _____

Staple a Voided Check or Deposit Slip to the Form
(Copies of Checks or Deposit Slips or Faxes cannot be accepted)