

MONTHLY BANK/CREDIT CARD DRAFT

Child's Name: _____

Name and address of Credit Card or Bank Account Holder: _____

The Bank/Credit Card Draft Payment plan is in effect for the 2023-2024 school year. YMCA account holder must be 18 years or older. I understand that this payment plan will remain in effect until written notice is received by the Ocean County YMCA. Letters of cancellation must be received by the 15th of the month to avoid next month's draft.

PLAN A: Credit Card Account

Card Number _____

Expiration Date _____ CVV: _____ (3-4 digit code from back of card)

PLAN B: Checking/Statement Savings Account

Name of
Bank _____

Transit Routing
Number/ABA: _____

Checking Account
Number _____

Statement Savings Account
Number _____

This form is used for initial draft set up only and **will not** be kept on file by the Ocean County YMCA.

PLEASE SIGN THE ATTACHED AUTHORIZATION FORM