

**MONTHLY BANK/CREDIT CARD DRAFT**

CHILD'S NAME: \_\_\_\_\_

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 15<sup>th</sup> of the month to avoid next month's draft.

**PLAN A: Credit Card Account**

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_  
from back of card)

CVV: \_\_\_\_\_ (3-4 digit code

**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**