

SUMMER CAMP DRAFT AUTHORIZATION FORM

OUR MISSION: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Today's Date	
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Weekly payment drafts every Monday, 2 weeks prior to start date of each camp week.

Primary Adult:		
Camper's Name:	Weekly Draft Amount:	Draft Start Date:

EFT

Name on Account:	Bank Name:
Routing Number:	Account Number:

CREDIT/DEBIT CARD

Check One: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card Holders Name:		
Last 4 digits of Credit/Debit Card: XXXX XXXX XXXX	Expiration Date:	CSV:

I authorize my bank or credit card institution to honor preauthorized Electronic Funds Transfers or credit card charges against my account for weekly Summer Camp payments as indicated above. When the bank or credit card institution honors the payment by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT or credit card charges not be honored by said bank or credit card institution, then it is understood that the payment is to be made by me in the amount of said payment plus a \$25.00 service charge. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date _____ **Initial**

I understand the registration fee is non-refundable _____ **Initial**

I understand that it is my responsibility to notify the YMCA in writing of any changes in address, bank account or credit card information _____ **Initial**

I understand that a change in camp schedule, including cancellation, requires a 14-day written notice _____ **Initial**

Signature	Date
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ATTACH VOIDED CHECK