



The Community YMCA of Eastern Delaware County

Community YMCA 2110 Garrett Road Lansdowne, PA 19050 (610) 259-1661 (610) 259-1843 FAX
Ridley Area YMCA 900 South Avenue Secane, PA 19018 (610) 544-1080 (610) 544-0807 FAX

CREDIT CARD MONTHLY DRAFT AGREEMENT – FOR SWIM TEAM PROGRAM FEES

Please initial each statement below:

_____ I understand the *MONTHLY DRAFT* payment plan is a 4 month agreement. I understand that this is an automatic withdraw or charge of funds from a credit card indicated below. All monthly drafts will be performed on the 23rd of the month.

_____ Swim Team Fees will be drafted September 23, October 23, November 23 and December 23, 2009.

_____ It is my complete understanding that the YMCA will not be held responsible for money drafted – no refunds will be given.

_____ Should my credit card for any reason not honor any YMCA draft, I understand that I am still responsible for that payment. I further understand that an additional \$20.00 service fee will be charged for any returned drafts.

Swimmer(s) Name [Please Print]: _____

Parent's Name [Please Print]: _____

Address _____

City _____ State _____ Zip _____

Date of Birth: ____ / ____ / ____ Home Phone #: _____ Level: _____

Member Email (Please Print): _____

Member Name (Please Print): _____

Draft Type (check one): VISA MC AMEX DISCOVER

Card Number: _____ Card Expiration Date: ____ / ____

Monthly Draft Amount: \$ _____

I authorize the above amount to be charged to my account. All information on this agreement was fully explained to me and I fully understand all the information contained above. If I do not follow this procedure, the YMCA will not be held responsible for money drafted – no refunds will be given.

Account Holder Name _____ Telephone # _____

Account Holder Authorized Signature _____ Date ____ / ____ / ____

FOR YMCA OFFICE USE ONLY

Credit Card Draft

Account # _____

VISA MC AMEX DISCOVER Expiration Date: ____ / ____

