



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **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 21st of the month.
- \_\_\_\_\_ Swim Team Fees will be drafted September 21, October 21, November 21 and December 21, 2011.
- \_\_\_\_\_ It is my complete understanding that the Y 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 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 E-mail (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 Y 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: \_\_\_\_/\_\_\_\_