



# YMCA OF METROPOLITAN CHICAGO PROGRAM PARTICIPANT - DRAFT FORM

OFFICE USE		
First Name:	M.I. : _____	Last Name:
Member #:	Account Holder Name:	

**AUTHORIZATION AGREEMENT FOR THE AUTOMATIC PAYMENT PLAN**

This payment plan (the "Payment Plan") is provided at NO EXTRA CHARGE to you.

**AUTOMATIC DEDUCTION FROM FINANCIAL INSTITUTION**

I hereby authorize the YMCA of Metropolitan Chicago ("YMCA") and the Financial Institution designated below to begin automatic deductions from the account designated below in the amount of my weekly Summer Day Camp Fees as set forth below. I acknowledge that the organization of deductions from my account must comply with provisions of U.S. law.

Initials \_\_\_\_\_

FOR AUTOMATIC PAYMENTS USING MY CREDIT OR DEBIT CARD		
Charge my Credit/Debit Card	<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	Last Four Digits of Account Number:
Expiration Date:	Security Code:	Name as it appears on card:

FOR AUTOMATIC PAYMENTS FROM MY CHECKING OR SAVINGS ACCOUNT	
Financial Institution:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Financial Institution Routing Number: <small>(9 DIGIT NUMBER AT THE BOTTOM OF CHECK OR SAVINGS DEPOSIT SLIP)</small>	Account Number:
Financial Institution Address:	
I hereby authorize the YMCA of Metropolitan Chicago ("YMCA") and the Financial Institution designated below to begin automatic deductions from the account designated below in the amount of my weekly Summer Day Camp Fees as set forth below. I acknowledge that the organization of deductions from my account must comply with provisions of U.S. law.	
Initials _____	

AUTOMATIC DEDUCTIONS AND AUTOMATIC CHARGES
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The deduction or charge will occur in accordance with the Summer Day Camp programs the above children have been registered for and the timing as specified in the Summer Day Camp Parent Handbook.

**I Understand...**

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|---|----------------|
| • I can cancel my automatic payment at any time by notifying the YMCA in person, by fax, by postal mail or by email with confirmation of receipt a minimum of 5 business days prior to the payment date.  | Initials _____ |
| • My monthly bank/credit card statement should show the amount and date payment was made to the YMCA. I understand that I am responsible for ensuring that the account designated above has sufficient funds/credit on my automatic payment due date to allow for the automatic deduction/charge of my payment. | Initials _____ |
| • I need to supply the YMCA with 5 business days notice of any changes I would like made to my account.   | Initials _____ |
| • I am responsible for making sure my contact information is up-to-date, including any changes in my name, address, financial institution or account information.   | Initials _____ |
| • I will need to complete a new Draft Form if I would like changes to my financial institution or account information.  | Initials _____ |
| • The YMCA has the right to cancel my child's participation in the Summer Day Camp program if it is unable to collect payment due, and that I am liable for any uncollected payments, fees, or penalties imposed by the YMCA or my financial institution.   | Initials _____ |
| • If my Summer Day Camp program draft is canceled for any reason, I must make arrangements to pay any outstanding balance due, fees or penalties by the YMCA and my family will not be allowed to register for program until those balances are paid.   | Initials _____ |
| • The YMCA will charge a \$25 service charge for any returned checks and any denied attempts to draft from my credit/checking account.  | Initials _____ |
| • My financial institution may provide the YMCA with updated account information including account number and expiration date. I authorize to allow my membership payment to continue.  | Initials _____ |
| • By signing my name below, I agree that I have read, understand and accept these terms and will receive a copy for my reference  | Initials _____ |

Printed Name of Account Holder:	Date: ____ / ____ / ____
Signature of Account Holder:	
Staff Signature:	Date: ____ / ____ / ____