



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metro Chicago
DRAFT FORM - DAY CAMP PROGRAMS

OFFICE USE Participant Last Name Participant First Name Center Initials Member Number 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 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.

FOR AUTOMATIC PAYMENTS USING MY CREDIT OR DEBIT CARD

Charge my Credit/Debit Card Visa Discover Mastercard 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 Savings Checking Financial Institution Routing Number Account Number Financial Institution Address

CHILD INFORMATION

Child's name: Grade: Age: Gender: Date of Birth: Home Address: Cell Phone: Name of Parent/Guardian: Family Email Address: School:

AUTOMATIC DEDUCTIONS AND AUTOMATIC CHARGES

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 Day Camp Parent Handbook.

I UNDERSTAND...

- 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.
My monthly bank/credit card statement should show the amount and date payment was made to the YMCA.
I need to supply the YMCA with 5 business days notice of any changes I would like made to my account.
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.
The YMCA has the right to cancel my child's participation in the 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.
By signing my name below, I agree that I have read, understand and accept these terms and will receive a copy for my reference

Printed Name of Account Holder Signature Date Staff Signature entering into CCC Date