



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EDWARDSVILLE YMCA SWIM TEAM ACH/CC AUTOMATIC PAYMENT FORM

NAME (AS SHOWN ON ACCOUNT): _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME OF CHILD(REN) ON SWIM TEAM: _____

METHOD OF PAYMENT - ONLY ONE FORM OF DRAFT PAYMENT CAN BE ENTERED PER CHILD(REN).

CHECKING (PLEASE INCLUDE A VOIDED CHECK)		OR	CREDIT CARD / DEBIT CARD (CIRCLE ONE)			
FINANCIAL INSTITUTION			TYPE (CIRCLE ONE)		EXPIRATION DATE	
			MASTER CARD	VISA	DISCOVER	/
ROUTING NUMBER	ACCOUNT NUMBER		ACCOUNT NUMBER (16 DIGITS)			
			-	-	-	

NAME AS IT APPEARS ON CHECKING ACCOUNT OR CREDIT CARD: _____

Please initial to indicate your understanding and acceptance of the following policy:

_____ I give authority for the Y to draft my account for swim team dues on or around the 21st of each month beginning on September 21, 2018 for a maximum of five successive months concluding with the last draft on January 21, 2019. **Please indicate how many months you would like to be drafted (1-5)** _____

_____ I understand that if my account changes for any reason, including my credit card number and/or expiration date, I must notify the service desk staff immediately.

_____ I understand that if my payment is not honored by my bank for any reason, I will still be responsible for that payment, as well as a \$15 return fee and any other recovery fees. These fees are in addition to any service fee my bank may charge.

_____ I understand it is my responsibility to check my bank/credit card statement and report any discrepancies within 30 days of the draft in question.

_____ I understand that it is my responsibility to notify the YMCA of any changes to my address, telephone number, or email address.

Account Holder Signature (Must be 18 Years or Older)
(If Card Holder is a Minor, Parent Must Sign)

_____/_____/_____
Month Day Year

Staff use only this section:

Begin Draft Date: ____/____/____ Amount to Be Drafted: _____ Staff Signature: _____
Date: _____