



**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
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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 (9 digit number at the bottom of checking or savings deposit slip) _____

Account Number _____

Financial Institution Address: _____

CHILD INFORMATION

Child's name: _____ Grade: _____ Age: _____ Gender: _____ Date of Birth: _____

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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. 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.
- 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.
- I will need to complete a new Draft Form if I would like changes to my 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.
- If my 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.
- The YMCA will charge a \$25 service charge for any returned checks and any denied attempts to draft from my credit/checking account.
- 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.
- 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 ____/____/____