



Personalized Payment Plan

Gymnastic Team _____ Swim Team _____

Child's Name _____

Child's Name _____

Child's Name _____

Address _____

City _____ Zip Code _____

Phone _____

Email (for receipts) _____

One Participant Cost _____

Two Participants Cost _____

Three Participants Cost _____

Note: the total must be scheduled for payment in full one month prior to end of program's scheduled end date

Payment required at registration _____

October	_____	_____
November	_____	_____
December	_____	_____
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____

I agree to make these payments by:

_____ Providing information for auto drafts on the dates noted above.

_____ Paying at the front desk at the YMCA by the agreed upon date.

Credit Card

I hereby authorize the YMCA to initiate electronic fund entries to my:

Credit card type MC Visa Discover Amex

Credit card number _____

Credit card Expiration date: Month _____ Year _____

CIV # (last 3 digits on signature line) _____

Name on card _____

Street Address _____

Zip Code of billing address _____

Checking Account OR Savings Account

I hereby authorize the YMCA to initiate electronic fund entries to my:

Bank Name _____

Routing # _____

Account # _____

This authorization is for charges and amounts as outlined on this paper. Should any charge not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of \$25 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Signature of account holder

Date _____