



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**SPEARS YMCA BANK DRAFT AGREEMENT
SUMMER CAMP 2020**

I hereby authorize the Spears Family YMCA to make the following pre-authorized payments for my Summer Camp childcare.

Camper's name(s): _____
(PLEASE PRINT)

Parent/Guardian's name: _____
(PLEASE PRINT)

Payment Option: (please indicate method of payment)

____ AMERICAN EXPRESS ____ VISA ____ MASTERCARD
____ DISCOVER ____ DEBIT CARD (with Visa or MasterCard logo)

Week(s) payment is authorized for: (check the appropriate weeks)

____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____ 10 ____ 11

**Please note that your payment will be processed the MONDAY PRIOR to the week(s) circled*

Name as it appears on card: _____

Acct # as it appears on card: _____

Expiration date on card: ____/____ (month/year) Zip Code _____

Amount authorized per payment: \$ _____
(weekly amount, less deposit amount, example \$135-\$35 deposit=\$100.00 authorized payment)

Parent/Guardian's Signature: _____ Date: _____

Pre-authorized Payment agreement (please initial each statement and sign the bottom)

____ I understand that the weekly payment will be processed the Monday prior to the week of camp my child is attending.

____ I understand that if I do not complete the cancellation request 6 business days prior, my card will still be charged the weekly amount.

____ In the event that my credit card is not accepted at the time of processing, I will be notified the same day in which I must rectify my payment at that time. Otherwise, I understand that my child will lose his/her spot for that week.

____ I understand that if for any reason the draft doesn't go through, I am still responsible for that payment plus a \$20 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card may charge.

Parent/Guardian's Signature: _____ Date: _____