



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Swim Meet Charges
Authorized Automatic Billing to Account
Baierl Family YMCA Swim Team**

BFY Shark Swim Team Families -

This letter is to acknowledge that Baierl FamilyYMCA is hereby authorized to charge the credit card in which you have on file for all swim meet fees. The amounts are based on the Team Unify meet entries that each swimmer has chosen. Payments will be deducted on, or around, the registration deadline. A receipt for each payment will be emailed to you.

Please sign, date, and return to the coaches. If not signed at the May mandatory Parents Meeting, you may have your swimmer bring it with them to practice OR scan and email the form to bfysharks@ymcapgh.org once it has been completed.

Sincerely,
BFY Sharks Coach,
Madeline Pifer

Print Swimmers FULL name: _____

Parent Signature: _____ Date: _____

By signing above, I hereby authorize Baierl Family YMCA to charge the credit or debit card on file for the amount of the swim team fees. I understand that this authorization will remain effective until I cancel it in writing, and I agree to notify Baierl Family YMCA in writing of any changes in my account information. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF) I understand that Baierl Family YMCA may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law. I certify that I am an authorized user of this credit card/bank account and will not dispute this scheduled transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.