



BREAKERS SWIM TEAM

2023-2024 EFT Registration & Change Form



A. Parent/Guardian Name: _____
(first) (MI) (last)

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred Phone: _____

Swimmer Name: _____
(first) (MI) (last)

If you receive a YMCA scholarship, this will be reflected in your monthly payment. Please use one form per participant. Tuition payments are drafted monthly until changed in writing using this form. *Swim Team is now a minimum 4 month commitment.* Any adjustments to program rates will be provided in writing with at least 30 days advanced notice.

B. REGISTER NEW PARTICIPANT (1 swimmer per form)

I am registering my child for

Waves 1&2 \$92/month (Season Sep-Jul)

Breakers 1 \$120/month (Season Sep-Jul)

Breakers 2 \$120/month (Season Sep-Jul)

Breakers 3 \$140/month (Season Sep-Jul)

Juniors \$145/month (Season Sep-Jul)

Seniors & High School \$150/month (Season Sep-Jul)

CHANGE LEVEL & PAYMENT

My child will be moving from: _____ To _____

Waves 1&2 \$92/month (Season Sep-Jul)

Breakers 1 \$120/month (Season Sep-Jul)

Breakers 2 \$120/month (Season Sep-Jul)

Breakers 3 \$140/month (Season Sep-Jul)

Juniors \$145/month (Season Sep-Jul)

Seniors & High School \$150/month (Season Sep-Jul)

Starting Month: _____

USA SWIMMING MEMBERSHIP LEAGUE FEE

Annual Athlete Fee \$78

HOLD or CANCEL (30 days written notice required)

Please change the status of my child's enrollment to

Hold for (1-3 consecutive months): _____

Cancel

My child's last day will be: _____

Reason for hold/cancel: _____

Note: Membership changes require additional forms

NEW ACCOUNT NUMBER

Please complete the bottom of this form.

C. Notice to Electronic Funds Transfer (EFT) Pay Members
 It is my complete understanding that if I wish to terminate my child's enrollment, I must give the YMCA thirty (30) days written notice prior to my child's withdrawal date. I understand that I will be notified at least 30 days in advance of any changes to my monthly payments. I understand that the monthly debit to my account is a continual draft until the YMCA receives thirty (30) days written notice of cancellation. Should any pre-authorized check/charge (EFT) not be honored by my financial institution, it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment, plus a service charge fee. **This service charge does not include possible fees imposed by my financial institution.** I understand that if two EFT payments are rejected, my child's enrollment will be terminated.

I, _____, read, understand and agree to the statement above.
first & last name

D. Use of Third Party Vendor for Payment and Collection
 It is my/our complete understanding that YMCA of Greater Hartford uses a third-party vendor to collect payments from members and to collect unpaid amounts or fees, including but not limited to the resubmission of any returned checks or dishonored payments. I/we agree and consent to the YMCA of Greater Hartford providing the personal information in this membership application to the third-party vendor in connection with the payment of any amount due under this membership application or the collection of any unpaid amounts or fees, including collection fees.

Member Signature _____ Date _____
 Staff Verification _____ Date _____

E. CREDIT CARD/DEBIT CARD

TYPE VISA MASTERCARD AMEX DISCOVER

Name on Card _____ Card Number XXXX-XXXX-XXXX-_____
provide the last 4 digits

EFT
 Financial Institution _____ Name on Account _____
 Routing Number _____ Last 4 Digits of Account Number _____

Note: If you wish to use a form of payment not currently on file with us, please stop by or call our welcome desk to update your electronic wallet.

Authorized Signature of Account Holder _____ Date _____

TO BE PROCESSED BY BACK OFFICE - PLACE COMPLETED FORM IN COACH'S MAILBOX

Monthly Payment Amount \$ _____ Member Account Number _____ Manual Charges \$ _____
 Receipt Number _____ Date Entered _____ Coach Approval: _____