Lakeland Hills Family YMCA Swim Team
Monthly Credit Card Draft Payment Plan Authorization

The Credit Card Draft Payment Plan is a continuous swim team meet entry and/or team fees payment. Authorization will remain in effect through the end of the program(s) named below or until proper cancellation is received.

INITIALS

_____ 1. I hereby authorize the Lakeland Hills Family YMCA to charge the credit card referenced below on a monthly basis as needed for payment of:

☐ Team Fees Only   ☐ Meet Fees Only   ☐ Both Team Fees & Meet Fees.

___ Visa   ___ Master Card   ___ American Express   ___ Discover

Last 4 digits ____ ____ ____ ____ Expires ____/____ Security Code _____

_____ 2. Charges made will be for fees for the following child(ren) on the LHY swim team for their meet entry fees and/or team fees account(s).:

ID #*	First Name	Last Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ 3. I understand that the draft(s) to my account will take place on or about the 15th of each month and it is my responsibility to check my credit card statement and report any discrepancies to the Swim Team Bookkeeper within 15 days of the draft in question.

_____ 4. I understand that in order to cancel this authorization I must notify the Swim Team Bookkeeper in writing. Notifications must be received no later than the 30th of the month prior to avoid being drafted again.

_____ 5. I understand that any cancellation of this payment plan will not be interpreted as withdrawal from the program and that, in accordance with the program's policy, any notice of withdrawal must be submitted to the Program Director and will be subject to program cancellation policy with regard to fee responsibility and refunds.

_____ 6. I understand that I am financially responsible for all payments from my account in order to retain program services.   Should my monthly amount not be honored by my credit card account for any reason, I agree to be responsible for that payment plus a $25.00 service charge assessed to the YMCA.

_____ 7. I understand that it is my responsibility to notify the YMCA of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 15 days in advance of the draft date.

_____   _____
Card Holder Name (print)   Card Holder Signature

* YMCA staff will complete ID numbers

OFFICE USE ONLY

First Draft Date: _____

Entered by: _____ Date: ___/___/___ Verified by: : _____ Date: ___/___/___

CARD HOLDER INFORMATION

Please supply us with the complete credit card information on this stub. Upon entry into our database, the stub will be shredded and all future references to this card will be made based solely on the information given above.

___ Visa   ___ Master Card   ___ American Express   ___ Discover

Card Number _____ Expires___/___ Security Code _____

Credit Card Billing Address Street number _____ Zip Code _____

_____   _____
Card Holder Name (print)   Card Holder Signature