



YMCA OF MONTCLAIR
25 Park Street
Montclair, New Jersey 07042
(973) 744-3400

PRE-AUTHORIZED E-PAY FORM
SWIM TEAM AGREEMENT

This E-Pay form is a one-time payment plan that authorizes payments to be deducted directly from your checking account or credit card. I understand that my account will be charged on the 20th of the month for the period listed below.

Please fill in: (Please print)

Swimmer's Name: _____	
Parent's Name: _____	
Swim Team Group: _____	Date of Birth: _____
Membership Expiration Date: _____	
Option #1 Full Payment Amount: \$ _____	
Option #2 Draft Date: __20 th of each month__ \$ _____	

Please select ONLY ONE of the following options:

CHECKING ACCOUNT: A voided check must accompany this application: Bank Name: _____ Checking Account Number: _____ Bank Transit Number: _____ (nine digit number preceding account number)
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OR

Credit Card Information: Account Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Name on Credit Card: _____ Expiration Date: ____/____/____ CVV Code: _____ ____ Visa ____ MasterCard ____ American Express ____ Discover																		

I understand that the above fee will be paid from the account listed above on the 20th of every month. If a payment is not honored from my account for any reason, the YMCA of Montclair imposes a \$20.00 Service Charge, in addition to any fees that my bank may charge. The E-Pay will be stopped for future payments and any outstanding balance must be cleared up before automatic payments can resume.

Signature: _____ Date: _____

Name: (Please print:) _____