

YMCA of GREATER HARTFORD

LEHY Swim Team Payment Agreement Form



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

All types of recurring enrollment, whether weekly or monthly, requires a signed payment agreement for one-time or recurring payment scheduling. This agreement gives the YMCA of Greater Hartford permission to use the designated payment method of credit card or bank draft for all balances due.

TERMS AND CONDITIONS

It is my understanding that if I terminate my child's enrollment, I must submit a letter in writing canceling my Electronic Payment giving the YMCA the required written notice according to the withdrawal date policy. I understand that the monthly debit to my account is a continual draft for the duration of the program. Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a Returned Payment Fee charge, which will be assessed based on the original fee. This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment may be terminated.

, the undersigned, have read and agree to the above Terms and Conditions.

Parent/guardian Signature: _____ Date Signed: _____

- must sign. Payments for entry fees and other team charges.
ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly/weekly basis. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment. **Choose one or the other.**

EFT

Financial Institution Name & Address: _____

Account Holder (print) _____ ☐ Checking ☐ Savings

Routing Number (9 digits) _____ Account Number _____

~~I agree the monthly payment amount debited will be \$ _____ and will draft on the 1st day of each month. My first draft will begin (date) _____ and the last draft will be (date) _____~~

Account Holder Signature _____ Date: _____

CREDIT/DEBIT CARD

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card Holder Name (print) _____

Credit Card Number: _____ Expiration Date: _____

~~I agree the monthly payment amount debited will be \$ _____ and will draft on the 1st day of each month. My first draft will begin (date) _____ and the last draft will be (date) _____~~

Account Holder Signature _____ Date _____

Office Use Only: Program Name: _____ Branch: _____ Sys Acct#: _____

Payment Schedule Entered by _____ Date Entered _____