

***SOUTH COUNTY FAMILY YMCA
DRAFT AUTHORIZATION FORM
Summer Camp***

I hereby authorize the SOUTH COUNTY FAMILY YMCA, INC. to initiate a debit to my CREDIT/CHECKING account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the South County Family YMCA is notified by me in writing to cancel in such time as to afford the South County Family YMCA and Financial Institution a reasonable opportunity to act on it.

Customer Signature

Date

Customer Name (print)

Participant's Name (Print)

*Please Note:
All payments returned as non-fundable, whether by electronic charge or check will be assessed a \$10.00 administrative fee per occurrence. It is the individual's responsibility to notify the YMCA of any changes to their billing information at least 15 days prior to the scheduled draft date, regardless of reason. Exceptions will not be made.*

Draft Information

Program Involved: SUMMER CAMP

Draft Start Date _____

All drafts will occur each Friday prior to the upcoming next week selected.

Please staple a signed credit card slip or voided check to this form.
