



# STATELINE FAMILY YMCA BANK OR CREDIT CARD DRAFT AUTHORIZATION

Name (please print)

\_\_\_\_\_ Last First Middle Initial

Address

\_\_\_\_\_ City State Zip Code

**Please Select Draft Option Below:**

- [ ] Growing Tree Camp - Ironworks
  - Child's Name \_\_\_\_\_
  - Full Week Draft Y Member \$148 General Public \$173
  - 3-Day Week Draft Y Member \$103 General Public \$121
  - 2-Day Week Draft Y Member \$74 General Public \$86
  
- [ ] Sunshine Camp - Ironworks
  - Child's Name \_\_\_\_\_
  - Weekly Draft Y Member \$55 General Public \$75
  
- [ ] Wrap Around Camp (Todd School)
  - Child's Name \_\_\_\_\_
  - Weekly Draft Y Member \$55 General Public \$75

PLEASE SELECT THE WEEK(S) and/or DAY(S) BELOW:

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> June 17-21<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 6/12 | <input type="checkbox"/> June 24-28<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 6/19      | <input type="checkbox"/> July 1-5<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F<br>Draft on 6/26                             | <input type="checkbox"/> July 8-12<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 7/3  | <input type="checkbox"/> July 15-19<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 7/10 |
| <input type="checkbox"/> July 22-26<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 7/17 | <input type="checkbox"/> July 29- Aug. 2<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 7/24 | <input type="checkbox"/> Aug. 5-9<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 7/31 | <input type="checkbox"/> Aug. 12-16<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 8/7 | <input type="checkbox"/> Aug. 19-23<br><input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F<br>Draft on 8/14 |

**Please Select Payment Method On Backside**



## STATELINE FAMILY YMCA BANK OR CREDIT CARD DRAFT AUTHORIZATION

### Draft Options

Checking Account

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Savings Account

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Credit Card

Name on Card \_\_\_\_\_

Account # \_\_\_\_\_

Card Type \_\_\_\_\_  
(Discover, Mastercard or Visa)

Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

- **This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.**
- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program.

I authorize the Stateline Family YMCA to draft the above named bank or credit card account for payment of membership or program fees. Any change in fees may constitute a change in the draft amount. I understand that the Stateline Family YMCA may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date