



Stateline Family YMCA Gymnastics Program Bank/CC Authorization Form

Name (please print) _____
Last First Middle Initial

Address _____
Address City, State Zip Code

My child, _____, is currently enrolled in the Stateline Family YMCA Gymnastics Program. Would you like to keep your child enrolled throughout the future sessions?

____ Yes, Save my child's spot via auto-draft*
____ Save my spot, but I choose to pay cash/check before or ON the due date** I understand if I do not make payment by the due date, I lose my child's spot in the class.
____ No, I want my child to do one session, and we will sign up for the following sessions at a later date if we chose.

*Auto-draft will occur every other month on the 1st. (For 2021: 5/1, 7/1, 9/1, 11/1, etc.)
**Lack of payment will result in losing your child's spot & opened up for another child on the waiting list.
If wanting to cancel, please fill out cancellation form found at the front desk (at IW or Gymnastics) & turn in 2-weeks prior to next draft date.
If there is a price increase, you will be mailed a notice 30 days prior to the increase.

Best email to contact: _____ **Best phone number to contact:** _____

If you already have an account on file with the Y, please write "Use account on file" under checking, savings or credit card section with the last 4 digits of the account you would like to use.

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 14 day notice before next draft date.**
- 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 _____