



STATELINE FAMILY YMCA BANK OR CREDIT CARD DRAFT AUTHORIZATION

Name (please print) _____
Last First Middle Initial

Address _____
City State Zip Code

Program:

Afterschool Enrichment Program/Preschool Child's Name _____
(Monthly draft occurs the 1st of the Month)

Daycare Child's Name _____
(Weekly draft occurs Monday of the week attending)

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