

Blair Regional YMCA SUMMER CAMP

AUTOMATIC PAYMENT AUTHORIZATION

Dear Parents,

Payment will be auto pay only.

Please be advised that by providing your billing information we will be using it as payment.

I understand that by signing this agreement, I am giving the Blair Regional YMCA permission to charge the credit card or bank account that I provide (to be kept on file for the duration of the program) for payment of my child(ren)'s tuition account.

I understand that by providing this information the Blair Regional YMCA does not accept liability for any unauthorized charges that do not pertain to the YMCA.

Accounts will be paid weekly.

Child(ren)'s Name _____

CREDIT CARD OPTION:

Name on Card _____

Address Linked with Card _____

16 Digit Card # _____

Expiration Date _____ 3 Digit Code on the Back of Card _____

OR:

BANK ACCOUNT OPTION:

Name on Account _____

Routing # _____ Account # _____

Signature _____ Date _____

I would like a receipt **emailed** to the following address: _____

YMCA Authorization Signature _____