



# BANK DRAFT/CREDIT CARD AUTHORIZATION THE GRANITE YMCA

Name \_\_\_\_\_ ID# \_\_\_\_\_

**Select Branch** (check one)

- YMCA of Downtown Manchester     YMCA Allard Center of Goffstown     YMCA of Concord     YMCA of Greater Londonderry
- YMCA of the Seacoast     YMCA of Strafford County

I authorize The Granite YMCA to deduct payments from my account listed on this form for services or donations indicated below. Should any charge or draft be returned or refused by my credit card or bank for any reason, I realize that I am still responsible for that payment, plus the \$20 service charge. This is in addition to any service fee charge by my financial institution. The Y may terminate services for outstanding balances until such balances are paid. It is my responsibility to notify the Y if any billing information has changed. The Granite YMCA may, at their discretion, adjust the rate applicable to my membership, child care, day camp or program. I understand that I will receive a minimum of four weeks' written notice prior to any such change.

**PLEASE INITIAL FOR CHARGES**

\_\_\_\_\_ **Membership:** Authorization includes monthly continuous membership payments, withdrawn the first of the month. Annually membership fees will be withdrawn the first of the month annually based on registration date. If I wish to terminate, freeze or change my membership in any way, I must inform the Y in writing 30-days prior to my scheduled deduction.

Monthly \$ \_\_\_\_\_    Annually \$ \_\_\_\_\_    Initial Rate \_\_\_\_\_

\_\_\_\_\_ **Programs:** Authorization may include one-time, weekly or monthly payments dependent upon the type of program(s) selected. All program cancellations must be received 7 days prior to the program start date to receive a refund.

\_\_\_\_\_ **Child Care:** Authorization includes registration fee, weekly payments for child's routine care and full day, snow day, extra day care, early release, vacation camps and when incurring, no call and late pick up fees per the contract. All cancellations require a two-week written notice.

\_\_\_\_\_ **Day Camp:** Authorization includes registration fee, payments for camp weeks and any add-on fees per your selected payment schedule. Authorization also includes paying for any cancellation fees per the policy. All cancellations up to four weeks prior to the camp session will receive a refund, minus the \$30 registration fee, Facility Membership fee (if applicable), and \$25 per session. Cancellations with less than a four-week written notice will forfeit the entire fee of camp.

\_\_\_\_\_ **Donation:** Yes, I would like to help other families and youth benefit from the Y! I will donate to the Y's Annual Campaign through my bank draft.

\$ \_\_\_\_\_ monthly for an annual gift of \$ \_\_\_\_\_

\$ \_\_\_\_\_ one-time donation

**PAYMENT TYPE**

Checking Account     Savings Account

MC     VISA     AMEX     DISCOVER

Bank Name \_\_\_\_\_ CC# \_\_\_\_\_

Transit # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Account # \_\_\_\_\_ Name on Credit Card \_\_\_\_\_

Name on Account \_\_\_\_\_ Billing Address \_\_\_\_\_

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

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Third Party Payee Account # \_\_\_\_\_ Third Party Payee Name \_\_\_\_\_

Office Use Only: child care/day camp program year \_\_\_\_\_