

Teen Center

# AUTHORIZATION

AUTOMATIC DEDUCTION/CHARGES MONTHLY



Child's Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Amount to be deducted: \_\_\_\_\_

## CREDIT/DEBIT CARD INFORMATION

Bill My:  Mastercard  Visa  Discover  Amex

Card-Holder's Name: \_\_\_\_\_

Card-Holder's Address: \_\_\_\_\_

Credit/Debit Card#: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

## CHECKING/SAVINGS ACCOUNT INFORMATION

Bank Draft My:  Checking  Savings

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

Account Holder's Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\*If financial assistance needs to be discussed, please contact Chris Stetson, Teen Center Director, at [cstetson@graniteymca.org](mailto:cstetson@graniteymca.org) or 603.232.8630.

Notes:

I authorize The Granite YMCA to deduct monthly for my student's Teen Center Membership from the above account. 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 applied by the Y. This is in addition to any service fee charge by my financial institution.

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