## **PAYMENT SERVICE REQUEST/AUTHORIZATION**

## PROGRAM (mark those that apply): PROGRAM (mark those that apply): **Dance Classes/Gymnastics** Dance Classes/Gymnastics \_\_ Studio All Star Dance Team \_\_ Studio All Star Dance Team \_\_ Twisters Gymnastics Team \_\_\_ Twisters Gymnastics Team \_\_ All-Star Cheer All-Star Cheer Name of Child(ren) \_\_\_\_\_ Name of Child(ren) Parent's Name Parent's Name **Payment Date: Payment Date:** 1st of Month 1st of Month **PAYMENT TYPE: PAYMENT TYPE:** \_\_ Checking \_\_ Savings \_\_ Credit Card \_\_ Debit Card Checking Savings Credit Card Debit Card Last 4 digits of account/card: \_\_\_\_ \_\_\_ Last 4 digits of account/card: \_\_\_\_ \_\_\_ \_\_\_ Name of Financial Institution\_\_\_\_\_\_Name on Account (if different) \_\_\_\_\_ Name of Financial Institution\_\_\_\_\_\_Name on Account (if different) Billing Address (if different) Billing Address (if different) Contact Phone (if different) \_\_\_\_\_ Contact Phone (if different) I (We) authorize and request the Gateway Region YMCA to charge my (our) I (We) authorize and request the Gateway Region YMCA to charge my (our) Checking/savings or credit/debit card account for monthly program fees. I (We) further Checking/savings or credit/debit card account for monthly program fees. I (We) further authorize the financial institution to process these fees. Charges are continuous as long authorize the financial institution to process these fees. Charges are continuous as long as the program is in session. Allow a minimum of two weeks for your account to be as the program is in session. Allow a minimum of two weeks for your account to be established. Please check your statements regularly. Should any draft not be honored by established. Please check your statements regularly. Should any draft not be honored by my financial institution, for any reason, I (we) realize that I am (we are) still responsible my financial institution, for any reason, I (we) realize that I am (we are) still responsible for that payment plus a \$25 service charge applied by the YMCA for each return. This is for that payment plus a \$25 service charge applied by the YMCA for each return. This is in addition to any service fee the financial institution may make. The YMCA will resubmit in addition to any service fee the financial institution may make. The YMCA will resubmit the draft for payment automatically and will notify me with any issues. If you notice a the draft for payment automatically and will notify me with any issues. If you notice a discrepancy in your bank or credit cards account, notify us promptly. Refunds are not discrepancy in your bank or credit cards account, notify us promptly. Refunds are not issued for discrepancies over 90 days. issued for discrepancies over 90 days. Authorized Signature (must be 18) Authorized Signature (must be 18) Date Joint Signature, if applicable Joint Signature, if applicable Date Date (Initial) I understand the Y needs 30 days written notice of intent to (Initial) I understand the Y needs 30 days written notice of intent to Discontinue automatic payments. Discontinue automatic payments. Office Use Only - Unit ID: \_\_\_\_\_\_ Staff Initials:\_\_\_\_\_ Office Use Only - Unit ID: Staff Initials:

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