



# WAYNESBORO AREA YMCA

## PAYMENT AUTHORIZATION FORM: SUMMER CAMP and Extended Care 2020

For Office Use ONLY: staff initials:

Date:

Camper Name:

SECTION 1: PAYER INFORMATION (Authorized Account Holder)					
Last Name	First Name	MI	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date / /	
Address			P.O. Box	Apt No.	
City		State	Zip Code	Home Phone ( )	
Preferred Daytime Contact Phone Number:			Email Address (weekly emails will be sent with detailed camp schedules and information)		
CAMPER Last Name			Camper First Name		

SECTION 3a: EFT ENROLLMENT MUST ATTACH VOIDED CHECK or COPY OF DEBIT/ CREDIT/ SAVINGS ACCOUNT CARD					
This information is a CHANGE to a currently drafting account <input type="checkbox"/>					
Bank Name			Routing Number for Checking or Savings Account		
Account Number or Credit Card/Debit Card Number		CVC	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card		Exp. Date /
Automatic drafting will take place on Friday two weeks prior to the enrolled camp week. Cancellations must be made by Tuesday to avoid drafting. (INITIAL)		Weekly Camp Cost: \$ _____ Full Week OR \$ _____ Partial Week \$ _____ Extended Care \$ _____ Sibling Discount			# of weeks drafting
		\$ _____ TOTAL Weekly Cost (May vary depending on weekly options)			
<b>Select all camp weeks to be drafted</b> (indicate full OR part time attendance, extended care option and/or sibling discount is applicable)					
<b>Week 1 Jun 8-Jun 12 (Draft on 5/29)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 6 July 13- July 17 (Draft on 7/3)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 2 Jun 15- Jun 19 (Draft on 6/5)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 7 July 20- July 24 (Draft on 7/10)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 3 Jun 22- Jun 26 (Draft on 6/12)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 8 July 27- July 31 (Draft on 7/17)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 4 Jun 29- July 3 (Draft on 6/19)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 9 Aug 3- Aug 7 (Draft on 7/24)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 5 July 6- July 10 (Draft on 6/26)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 10 Aug 10- Aug 14 (Draft on 7/31)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			

SECTION 3b: PAYMENT IN FULL					
Bank Name			Routing Number for Checking or Savings Account		CVC
Account Number or Credit Card/Debit Card Number		CVC	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card		Exp. Date /
<input type="checkbox"/> Cash Payment (Member Services Associate will provide a paper receipt)		Weekly Camp Cost: \$ _____ Full Week OR \$ _____ Partial Week \$ _____ Extended Care \$ _____ Sibling Discount			Number of weeks attending
		\$ _____ TOTAL Weekly Cost (May vary depending on weekly options)			
<b>Select the camp weeks to be attended</b> (indicate full OR part time attendance, extended care option and/or sibling discount is applicable)					
<b>Week 1 (Jun 8- Jun 12)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 6 (July 13- July 17)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 2 (Jun 15- Jun 19)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 7 (July 20- July 24)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 3 (Jun 22- Jun 26)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 8 (July 27- July 31)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 4 (Jun 29- July 2)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 9 (Aug 3- Aug 7)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			
<b>Week 5 (July 6- July 10)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>		<b>Week 10 (Aug 10- Aug 14)</b> FT <input type="checkbox"/> PT <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/>			

AS AUTHORIZED ACCOUNT HOLDER, I will receive all notifications pertaining to the EFT for the member listed in Section 3a. I have read and understand the Terms of Agreement on Page 2 and hereby grant authorization to the Waynesboro Area YMCA to initiate or terminate a monthly recurring draft OR process a one-time payment from the account specified in section 3b.

Authorized Account Holder Signature

Date

## TERMS OF AGREEMENT

1. A voided *check* or copy of a *savings account card* MUST be attached to this form! NO DEPOSIT SLIPS! The Electronic Funds Transfer will not be processed without the necessary account verification.
2. **Electronic Funds Transfers are processed on the Friday prior to the new camp week. For example, the first Electronic Funds Transfer will be on May 29, 2020. Schedule modification can be made up until May 28, 2020. Any changes after that date cannot be refunded. Program withdrawal may result in credit/refund in accordance to the YMCA policy.**
3. In granting this authorization, I understand membership dues may change and the monthly amount deducted from my account can be changed without a signed authorization. Most commonly this would occur if membership lapsed and the program fee will default to a non-member rate.
4. I agree to be bound by all rules and regulations governing Electronic Funds Transfers. I also agree not to hold the Waynesboro Area YMCA responsible for any liability relating to this transaction, including but not limited to bank overdraft or processing fees.