



PAYMENT AUTHORIZATION YMCA OF GREATER WAUKESHA COUNTY

Please select:

- Start a New Payment Authorization
- Change my Current Payment Authorization
- Make a One-Time Payment

Effective date _____

Please select all draft types in the chart to the right that you wish to authorize for payment.

Please select your primary branch:

- Mukwonago Y
- Southwest Y
- Waukesha Y
- New Berlin Y
- Tri County Y
- West Suburban Y

DRAFT TYPE	FREQUENCY	DRAFT DAY	CANCEL BY DATE
<input type="checkbox"/> Membership	Monthly	10th of Month	15th of Month Prior
<input type="checkbox"/> Add-Ons: _____	Monthly	10th of Month	15th of Month Prior
<input type="checkbox"/> Add-Ons: _____	Monthly	10th of Month	15th of Month Prior
<input type="checkbox"/> Child Watch	Monthly	10th of Month	15th of Month Prior
<input type="checkbox"/> Annual Campaign	Monthly	10th of Month	15th of Month Prior
<input type="checkbox"/> Team Gymnastics	Monthly	10th of Month	15th of Month Prior
<input type="checkbox"/> Preschool	Monthly	15th of Month Prior	10th of Month Prior
<input type="checkbox"/> Extended Care	Monthly	15th of Month Prior	10th of Month Prior
<input type="checkbox"/> Y BASE	Bi-Weekly	Wednesdays	2 Weeks Prior to Draft
<input type="checkbox"/> YMCA Academy	Weekly	Wednesdays	2 Weeks Prior to Draft
<input type="checkbox"/> Summer Day Camp	Weekly	Mondays	1 Week Prior to Draft

Member Information

Member ID # _____

Financially Responsible Member Name (First Middle Last) _____ DOB _____

Address (Street, City, State, Zip Code) _____

Email Address _____

Primary Phone _____

Cell
 Home
 Work

PLEASE REVIEW THESE GUIDELINES BEFORE AUTHORIZING YOUR PAYMENT

1. Cancellation Policy: You must cancel your payment in accordance with the chart above.
2. When you change your bank account or credit card you must notify us in writing by the last business day of the month prior to the next draft. It is your responsibility to notify us of new expiration dates on your credit card.
3. Should a payment not be honored by your bank or credit card for any reason, you will be responsible for that payment, plus a \$10 return fee. This is in addition to any fees your bank or credit card may charge you.
4. If the amount of your reoccurring payment changes at any time, you will be notified by the YMCA in writing at least 30 days prior to the change.

As a convenience to me, I hereby authorize you to charge my bank account or credit card ending in _____ (Last 4 Digits) payable to the order of the YMCA. The authority is to remain in effect until revoked by me in writing by the date listed of the month prior to the next draft (see above chart). Should any preauthorized charge not be honored by my bank, I understand I am responsible to make that payment and any service fees incurred. All membership and program drafts are non-refundable, unless the Y cancels the program.

Signature of Financially Responsible Member _____

Date _____

Draft Information

Please Draft My Checking/Savings Account
(Please attach a voided check)

Name of Account Holder (First Middle Last) _____

ABA Routing Number _____

Account Number _____

Account Type Checking Savings

Billing Address Zip Code (If different from above) _____

Please Draft My Credit Card

Name of Card Holder (First Middle Last) _____

Credit Card Number _____

Credit Card Type _____

Expiration Date (MM/YY) _____

Billing Address Zip Code (If different from above) _____

Staff Initials _____ Date _____