



KEENE FAMILY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AUTHORIZATION FOR KYD Payment Plan (One sheet per swimmer)

Swimmer's Name: _____ KYD Group: _____

Parent/Guardian Name: _____

Phone: _____ e-mail: _____

The KYD Payment Plan allows participants to spread the Keene YMCA Dolphins Swim Team Registration fee over a 4 month period. With your authorization, program fees are deducted monthly from your credit or checking account. Payments will begin upon registration and end 12/15/2017.

Payment Plan Schedule Per Swimmer:

\$455 level: (White Group or part-time high school team)
First Payment: \$113.75 due at registration.
\$113.75 will be drafted on Oct 15, Nov 15 & Dec 15, 2017

At the \$580 Level: Blue Group, Blue Plus, Black Group
First Payment: \$145 due at registration.
\$145 will be drafted on Oct 15, Nov 15 & Dec 15, 2017

Terms and Conditions

1. I understand that, after making my initial payment of a fourth of the registration fee, my account will be drafted on the 15th of the month beginning on 10/15/17 and ending 12/15/17.

Member's initials _____

2. Should any charge not be honored by my bank for any reason, I understand I am responsible for the payment, plus a **service charge of no more than \$25 applied by the Y.** This is in addition to any service fees from the bank. I understand that it is my responsibility to notify the Y in writing should I change my financial institution and or account at any time. Member's initials _____

3. I understand that failure to fulfill payment plan will result in termination from KYD Swim Team.

Member's initials _____

Signature of Parent/Guardian: _____

Parent/Guardian Name Printed: _____

YMCA Membership Number: _____

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Authorization Agreement

I hereby authorize the KEENE FAMILY YMCA to initiate electronic funds entries to my checking account or credit card. I have attached a voided check for proof of account ownership.

I authorize the financial institution named below to debit the following account and I will provide all information necessary for this transaction:

Name on Account: _____

Member name (if different from account): _____

Credit Card:

Card Type (circle one): Visa MasterCard

Card Number: _____ Expiration Date: _____

Checking Account: (attached voided Check)

Routing number: _____

Account number: _____

Account Holder's Signature: _____

Office Use:

Join Date & Draft Schedule

Swimmer rate (circle): \$455 \$580

1st Withdrawal date: upon registration

Last Withdrawal date: Dec 15, 2017

Staff signature: _____

