



## Keene Family YMCA

### AUTHORIZATION FOR KYD Monthly Draft (ONE SHEET PER FAMILY)

Swimmer's Name: \_\_\_\_\_ KYD Group \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ KYD Group \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ KYD Group \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ KYD Group \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**The KYD Monthly Draft** With your authorization, program fees are deducted monthly from your credit card or checking account on the 15th. Payments will begin upon registration and end 3/15/2022.

#### Payment Plan Schedule Per Swimmer:

Spinners: \$50 will be drafted every month on the 15<sup>th</sup> beginning Sept 15<sup>th</sup> to Feb 15<sup>th</sup>

Strypers: \$120 will be drafted every month on the 15<sup>th</sup> beginning Sept 15<sup>th</sup> to Mar 15<sup>th</sup>

Silver: \$160 will be drafted every month on the 15<sup>th</sup> beginning Sept 15<sup>th</sup> to March 15<sup>th</sup>

Gold: \$200 will be drafted every month on the 15<sup>th</sup> beginning Sept 15<sup>th</sup> to March 15<sup>th</sup>

## APPLICATION FOR ELECTRONIC FUNDS TRANSFER

#### Terms and Conditions

- I understand that my account will be drafted on the 15<sup>th</sup> of the month beginning on 9/15/2021 and ending 3/15/2022.  
Member's Initials \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_



**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 institute 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: (attach voided check)

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

**Office Use:**

Join Date & Draft Schedule

Swimmer Rate per month (list number of swimmers per group):

Spinners: \$50 x \_\_\_\_\_                      Strypers: \$120 x \_\_\_\_\_

Silver: \$160 x \_\_\_\_\_                      Gold: \$200 x \_\_\_\_\_

Total Amount (per month): \_\_\_\_\_

First Withdrawal date: 9/15/2021      Last Withdrawal date: 3/15/2022

Staff Signature: \_\_\_\_\_