



# Camp Payment Agreement 2023

## Please choose your method of payment:

- \_\_\_\_\_ **Payment in full at time of registration** (full payment enclosed)
- \_\_\_\_\_ **Weekly payment** (Automatic withdrawal on Monday 2 weeks prior to each week of camp)
- \_\_\_\_\_ **Monthly payment** (Automatic withdrawal on June 1<sup>st</sup>, July 1<sup>st</sup> and August 1<sup>st</sup>)
- \_\_\_\_\_ **Financial Aid or Scholarship Recipient** (please specify below & include any supporting documents. State assistance families need to provide "Link" form available for download on our website.)

Please specify which assistance or scholarship awarded: \_\_\_\_\_

## Credit Card Authorization Agreement

I, \_\_\_\_\_ (cardholder) hereby agree to pay and authorize The Keene Family YMCA to charge my credit card for my child's camp tuition per my selection above. Furthermore, the cardholder agrees to furnish updated credit card information to the Camp Registrar in order to continue to process camp payments. Cardholder understands that failure to provide valid credit card information to the Camp Registrar will result in immediate suspension of camp services. Cardholder agrees that this authorization is and will remain in effect until all registered camp tuition fees have been received and applied. The Cardholder further agrees to inform the Camp Registrar in writing of any changes in the credit card information which would potentially prohibit the Keene Family YMCA from processing any or all of the above enumerated charges. To cancel camp privileges, a written letter must be received by the Camp Registrar 30 days prior to the date of intended cancellation.

Cardholder's Name (please print): \_\_\_\_\_ Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

MasterCard: \_\_\_\_\_ VISA: \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiration

Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Keene Family YMCA is committed to protecting the privacy of members, program participants and guests. All information provided to the YMCA with regard to any individual, family or group is for Internal Use Only.*

**Office Use Only** Staff Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_

## Electronic Fund Transfer Authorization Agreement

***A copy of voided check for proof of account ownership must be included.***

I, \_\_\_\_\_ (account holder) hereby agree to authorize the Keene Family YMCA to charge my checking account for my child's camp tuition per my selection above. Furthermore, the account holder agrees to furnish updated account information to the Keene Family YMCA in order to continue to process camp payments. Cardholder agrees that this authorization is an will remain in effect until all registered camp tuition and fees have been received and applied. The account holder further agrees to inform the Keene Family YMCA in writing of any changes in the account information which would potentially prohibit the Keene Family YMCA from processing and or all of the above enumerated charges. To cancel camp privileges, a written letter must be received by the Camp Registrar 30 days prior to the date of intended cancellation.

Name on Account: \_\_\_\_\_

Adress: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Transit/Routing Number (9 digits): \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Voided check placed here*

**Office Use Only** Staff Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_