



Bank Draft Form Wapakoneta Family YMCA Wahoos

Authorization Agreement

I hereby authorize the Wapakoneta Family YMCA, hereinafter called the YMCA, to initiate electronic entries to my:

Checking Account **Savings Account**
(COPY OF VOIDED CHECK NEEDED)

One-fifth of payment must be turned in upon registration and the remaining payments will be drafted based on the draft dates below.

First payment will be made by (please check one): Cash Check Credit Card (please include information below)

NAME ON ACCOUNT _____
FINANCIAL INSTITUTION _____
CITY, STATE, ZIP _____
ROUTING/TRANSIT NUMBER _____
ACCOUNT NUMBER _____

Draft Dates
Oct 15
Nov 15
Dec 15
Jan 15

OR

MasterCard **Visa** **Discover**

NAME AS IT APPEARS ON CARD _____
CREDIT CARD NUMBER _____
CREDIT CARD EXPIRATION DATE _____
SECURITY CODE _____

This authorization remains in effect until swim team dues have been paid in full.

NAME OF SWIMMER(S) _____
ADDRESS _____
CITY, STATE, ZIP _____
FIRST DRAFT DUE DATE _____
AMOUNT OF DRAFT _____
SIGNATURE _____

THIS AUTHORIZATION
REMAINS IN EFFECT UNTIL
SWIM TEAM DUES HAVE BEEN

DATE _____

The Wapakoneta Family YMCA absorbs close to \$10,000/year in return bank drafts (including credit cards) and their fees. In order to keep rates low, we try our best to inform you when your credit card is expiring. If your draft is returned for any reason, the YMCA will turn over your account to a third party where fees will be incurred.

For office use only:

Step #1
Swimmer #1 Fee _____
Swimmer #2 Fee _____
Swimmer #3 Fee _____
Swimmer #4 Fee _____
Swimmer #5 Fee _____
Total Due: _____

Step #2
Total Due: _____ /5 payments

Monthly Payment:

*First payment is due upon registration, remainder of payments will be drafted according to above schedule

Staff Initials _____