

Greater Lockport Family YMCA Day Camp Electronic Withdrawal Agreement Form 2011

(Complete one form for each family)

(Gray portion to be completed by Y-Staff, White portion to be completed by Parent)

Today's Date: _____ / _____ / _____ Staff Assisting: _____	Membership ID # _____
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Participant's Information	
1.) Child's Last Name: _____ 2.) Child's Last Name: _____ 3.) Child's Last Name: _____ 4.) Child's Last Name: _____ Camp Site: _____	First Name: _____ First Name: _____ First Name: _____ First Name: _____

Billing Information (This person MUST sign this form below)		
Last Name: _____	First Name: _____	Date of Birth: _____
Home Address: _____	City: _____	State: _____ Zip Code: _____
Home Phone: _____	Email: _____	
Employer: _____	Work/Cell Phone: _____	
Employers Address: _____	City: _____	State: _____ Zip Code: _____

Bank Draft Authorization	
Primary Form of Payment	
I authorize a Bank Draft for the balance of Day Camp weekly fees as registered. The draft will occur weekly until contract has expired. Weekly balance will be drafted on the due date, Wednesday of previous week. (Example: Week 2 Day Camp - July 5-9 will be drafted on Wednesday, June 30.	
<input type="checkbox"/> Credit Card Details (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ / _____	<input type="checkbox"/> Bank Account Details (attach voided check/statement) Name on Account: _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking Routing Number: _____ Account Number: _____
Secondary Form of Payment	
This account will be used only when the Primary Form of Payment is returned. It will be drafted automatically with a \$20 fee.	
<input type="checkbox"/> Credit Card Details (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ / _____	<input type="checkbox"/> Bank Account Details (attach voided check/statement) Name on Account: _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking Routing Number: _____ Account Number: _____

Third Party Payer Agreement		
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
I understand and agree to the supplementary "Third Party Payer Agreement."		

Agreement – PLEASE INITIAL	
_____	1. Payment will be drafted on the weekly due date, the Wednesday prior to week of attendance. If payment is not received by the first day of care, the child will not be allowed to participate in the program until fees are paid in full.
_____	2. Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur a \$20 returned payment fee. This is in addition to any fees charged by the bank. In the event a payment is returned we will automatically redraft, using the second form of payment and will include a \$20 return payment fee.
_____	3. Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the camp season.
_____	4. There will be no refund of fees for non-attendance or cancellation.
_____	5. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____	Date: _____ / _____ / _____
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Site Use Only <input type="checkbox"/> Accepted by: _____ <input type="checkbox"/> Fees Collected by: _____	Business Office Use Only <input type="checkbox"/> Entered/Received by: _____ Day Camp Electronic Withdrawal Agreement Revised 2/23/2010
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