



2015 Summer Camp Automatic Payment Plan
Camp Y-Noah ▪ Summer Fun Club ▪ Summer Odyssey

I hereby authorize the YMCA of Greater Syracuse to charge the account below for the balance of my weekly Summer Camp session fees. It is my understanding that my card will be debited on Tuesday two weeks prior to the start of the session. If my credit card company declines payment, I understand that I must make payment to the YMCA for the weekly fee plus an additional \$20.00 administrative fee.

Children's Names: _____

Sessions Enrolled (please circle):

Camp Y Noah (North Y):	1	2	3	4	5	6	7	8	9
Summer Fun Club (Rox El):	1	2	3	4	5	6	7	8	
Summer Odyssey (NW Y):	1	2	3	4	5	6	7	8	9

Extended Hours: Yes No

Contact Person: _____

Email: _____ @ _____ This is my preferred form of communication

Daytime Phone #: _____ This is my preferred form of communication

Name (as it appears on card): _____ **Billing Zip Code:** _____

Weekly Amount to be charged: \$ _____ (Deduct \$20 deposit) **Effective Date:** _____

Type of Card: MasterCard Visa Discover American Express

Account Number:

_____/_____/_____ **Expiration Date:** ____/____

Signature of Authorized Person _____ **Date** _____

Please email receipt to: _____ @ _____

NOTE: Please email Linda at Lspier@syracuseymca.org before you activate a new credit card.

Charge for the first week will be processed Tuesday, June 15 and last week is processed August 10.