



# The Community YMCA of Eastern Delaware County

Lansdowne YMCA 2110 Garrett Road Lansdowne, PA 19050 P: 610.259.1661 F: 610.259.1843  
Ridley Area YMCA 900 South Avenue Secane, PA 19018 P: 610.544.1080 F: 610.544.0807

## SWIM TEAM – MONTHLY DRAFT AGREEMENT

Please initial each statement below.

\_\_\_\_\_ I understand the *MONTHLY DRAFT* payment plan is an automatic withdraw or charge of funds from the credit card indicated below. Monthly drafts will be performed on the 21<sup>st</sup> (unless indicated otherwise below) business day of every month.

\_\_\_\_\_ It is my complete understanding that if I want to terminate or change this agreement in any way, I must give the Y 30 day's written notice. If I do not follow this procedure, the Y will not be held responsible for money drafted – no refunds will be given.

\_\_\_\_\_ Should my credit card for any reason not honor any Y draft, I understand that I am still responsible for that payment. I further understand that an additional \$20 service fee will be charged for any drafts not honored by my bank/credit card company.

\_\_\_\_\_ The drafts will start September 21, 2015. The last draft will be December 21, 2015.

\_\_\_\_\_ I understand that I have the ability to help others through a contribution to the Annual Support Campaign which helps child care, youth, teens, seniors, and families participate in YMCA programs or services. This contribution is fully tax deductible as allowed by law.

YES, I want to contribute:  \$10/month  \$5/month  \$3/month  Other \$ \_\_\_\_\_  NO, not at this time.

Swimmer's Name \_\_\_\_\_ Membership ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent email \_\_\_\_\_ Parent Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_

Account number (attach voided check) \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Type:  DISCOVER  American Express  VISA  MASTERCARD

Registration Between	August 20, 2015 to Sept. 19, 2015	Sept. 20, 2015 to Oct. 19, 2015	Oct. 20, 2015 to Nov. 18, 2015	Nov. 18, 2015 to Dec. 19, 2015
Total Balance Due				
# of Drafts	4	3	2	1
Monthly Draft Amount				
Draft Dates	September 21 October 21 November 20 December 21	October 21 November 20 December 21	November 20 December 21	December 21

**I UNDERSTAND THAT A \$75 DEPOSIT IS REQUIRED TO BEGIN THIS DRAFT.  
THIS AMOUNT IS APPLIED TO THE BALANCE DUE. \_\_\_\_\_ (Parent Initial Here)**

I authorize the above amount to be charged to my account. All information on this agreement was fully explained to me and I fully understand all the information contained above. It is my complete understanding that if I want to terminate or change this agreement, I must give the Y 30 days written notice. If I do not follow this procedure, the Y will not be held responsible for money drafted – no refunds will be given.

Print Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**COPY OF THIS COMPLETED FORM GIVEN TO PARENT** \_\_\_\_\_ staff initials