

You have requested the YMCA Marlins Swim Team Program to charge your bank account or charge your credit card on a monthly, pre-authorized basis or payment in full. Please complete this form and return to Susan at the YMCA. Forms will be stored in a secured location and destroyed at the end of the Swim Team Season.

2020-2021 Marlins Swim Team AUTHORIZATION OF BANK DRAFT or CREDIT CARD DRAFT Payment In Full with credit card / First session Payment with Payment Plan options

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

Payment IN FULL with credit card:**

- I authorize the Mankato Family YMCA to charge my credit card (below**) \$ _____ as FULL PAYMENT with registration of all selected sessions for my child(ren).

Payment of first session:

- I have attached a check # _____ cash credit card (below) for payment of the first selected session of \$ _____ for registration in the Marlins Swim Team for my child(ren). (Fill out automatic monthly payment plan information below for remaining selected sessions)

PAYMENT PLAN with automatic bank draft or credit card draft: (Fill out account information below):

Bank Monthly Draft

- I authorize the Mankato Family YMCA to charge my bank account (select below) for the Marlins Swim Team for my child(ren):
- | | |
|--|--|
| <input type="checkbox"/> October 6 th Draft Amount: \$ _____ | <input type="checkbox"/> January 6 th Draft Amount: \$ _____ |
| <input type="checkbox"/> November 6 th Draft Amount: \$ _____ | <input type="checkbox"/> February 6 th Draft Amount: \$ _____ |

Name As It Appears On Bank Account

Name of Bank

Bank Routing Number

Account Number

Attach Voided check here.



- I understand my bank account will be charged on the 6th of each designated month.
- I understand I must notify the business office in writing of a change of account 15 days in advance of any draft.

Signature

Credit Card Monthly Draft

(**or payment in full at time of registration)

- I authorize the Mankato Family YMCA to charge my credit card (select below) for the Marlins Swim Team for my child(ren):
- | | |
|--|--|
| <input type="checkbox"/> October 6 th Draft Amount: \$ _____ | <input type="checkbox"/> January 6 th Draft Amount: \$ _____ |
| <input type="checkbox"/> November 6 th Draft Amount: \$ _____ | <input type="checkbox"/> February 6 th Draft Amount: \$ _____ |

Name As It Appears On Credit Card

Mastercard Visa Discover Other _____

Account Number

Expiration Date

Code

- I understand my bank account will be charged on the 6th of each designated month.
- I understand I must notify the business office in writing of a change of account 15 days in advance of any draft.

Signature