

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.

2021-2022 Marlins Swim Team AUTHORIZATION of Monthly BANK DRAFT or CREDIT CARD DRAFT Or **Payment In Full with credit card

Child's Name

Child's Name

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

DEPOSIT with Registration:

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

PAYMENT PLAN choose 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 a monthly payment of \$_____ on the 6th of each month from _____ 2021 to February 2022 for the Marlins Swim Team for my child(ren).

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.
- I understand my child(ren) must be a YMCA member for the entirety of the Marlins program.

Signature

Credit Card Monthly Draft (**or payment in full at time of registration)

I authorize the Mankato Family YMCA to charge my credit card:
 a monthly payment of \$_____ on the 6th of each month from _____ 2021 to February 2022 for the Marlins Swim Team for my child(ren).
 **PAYMENT in FULL \$_____

Name As It Appears On Credit Card

Mastercard Visa Discover Other _____

Account Number

Expiration Date

Code

- I understand my credit card will be charged on the 6th of each designated month, OR one payment in full.
- I understand I must notify the business office in writing of a change of account 15 days in advance of any draft.
- I understand my child(ren) must be a YMCA member for the entirety of the Marlins program.

Signature