

**Bell Family YMCA**  
**2020 Summer Camp Payment Agreement Form**  
 You **MUST** complete one per family

Today's Date	Staff Assisting
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**Personal Information**

Person responsible for payments	Relationship to Camper
Camper's Name(s)	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Billing Information**

First Name	Last Name	Date of Birth
Home Address	City	State      Zip
Home Phone	Primary Email	
Work/Cell Phone		

**Bank Information**

<input type="checkbox"/> <b>Bank Account Details</b> (attach voided check) Name on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number: _____ Account Number: _____	<input type="checkbox"/> <b>Credit Card Details</b> (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Exp. <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____      CVV #: _____
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Please use my account on file ending in \_\_\_\_\_ (list the last 3-4 digits)

**Payment Schedule Information (choose one)**

<input type="checkbox"/> <b>Weekly Draft</b>			<input type="checkbox"/> <b>Weekly Cash or Check Payments</b>		
Session	Draft Date	Amount Due	Session	Payment Due	Amount Due
May 26-29	May 22		May 26-29	May 22	
June 1-5	May 29		June 1-5	May 29	
June 8-12	June 5		June 8-12	June 5	
June 15-19	June 12		June 15-19	June 12	
June 22-26	June 19		June 22-26	June 19	
June 29-July 3	June 26		June 29-July 3	June 26	
July 6-10	July 3		July 6-10	July 3	
July 13-17	July 10		July 13-17	July 10	
July 20-24	July 17		July 20-24	July 17	
July 27-30	July 24		July 27-30	July 24	

**Payment Policies - PLEASE INITIAL**

Initial	Payment will be drafted or paid weekly as indicated above. 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 (plus a \$10 late fee).
Initial	Payments not honored by the bank for any reason, will incur a \$30 return payment fee. In the event a payment is returned, we will automatically re-draft within 14 days.
Initial	I understand that deposits are non-refundable and non-transferable.
Initial	I understand that if I need to cancel a week, I must do so in writing to the YMCA.

This is a request to draft the above named financial institution for charges related to selected YMCA programs. I further agree this authorization is to remain in effect until receipt of written notice to the YMCA Association Office or Program Director to cancel such authorization.

Account Holder's Signature	Date
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