

**Bell Family YMCA**  
 2019 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. _____ 2. _____ 3. _____	4. _____ 5. _____ 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 #: _____
<input type="checkbox"/> <b>Please use my account on file ending in _____</b> (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 28-31	May 24		May 28-31	May 24	
June 3 - 7	May 31		June 3 - 7	May 31	
June 10-14	June 7		June 10-14	June 7	
June 17-21	June 14		June 17-21	June 14	
June 24-28	June 21		June 24-28	June 21	
July 1-5 (4th Holiday)	June 28		July 1-5 (4th Holiday)	June 28	
July 8-12	July 5		July 8-12	July 5	
July 15-19	July 12		July 15-19	July 12	
July 22-26	July 19		July 22-26	July 19	
July 29.	July 26		July 29.	July 26	

**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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