



**NWA Mercy Family YMCA**  
 a branch of the Tri-State Family YMCA  
**Summer Camp Weekly Draft Authorization Form**

Child (Childrens) Name(s) (Last, First)

Child's Birth Date:

Parent/Guardian Name (Last, First)

Phone

Address

City

State

Zip

Parent/Guardian Birth Date:

**Please check the option you are enrolling for below and complete the automatic payment information. (Current rates attached)**

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Week 1 (\$25) | <input type="checkbox"/> Week 4 (\$25) | <input type="checkbox"/> Week 7 (\$25) | <input type="checkbox"/> Week 10 (\$25) |
| <input type="checkbox"/> Week 2 (\$25) | <input type="checkbox"/> Week 5 (\$25) | <input type="checkbox"/> Week 8 (\$25) | <input type="checkbox"/> Week 11 (\$25) |
| <input type="checkbox"/> Week 3 (\$25) | <input type="checkbox"/> Week 6 (\$25) | <input type="checkbox"/> Week 9 (\$25) | <input type="checkbox"/> Week 12 (\$25) |

- Automatic Draft: Full Member \$105 per week
- Automatic Draft: Community Participant \$125 week
- Summer Youth Membership \$115 One Time Membership Fee
- Youth Membership \$21 monthly with a one time \$25 join fee

**Weekly Automatic Payment Information**

**Please read the following before signing your authorization:**

I understand my automatic draft will be on the Friday prior to each week selected.

I understand my automatic payment will come out regardless if my child actually attends camp or not. Unless the YMCA if notified.

I understand that I loose my \$25 deposit if I make a change or pull my child out of a week of summer camp that I have pre registered for

**I would like to use my account on file. (circle) or use a new account listed below**

| Bank Information                             | Credit Card Information (No Debit Cards Please)  |
|--|--|
| Full Bank Name                               | Credit Card Type   |
| Account Number                               | Account Number   |
| Routing Number                               | Expiration (MM/YYYY)   |
| Circle One <i>Checking</i> or <i>Savings</i> | Do you receive your credit card bill at address listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | If not, what is your billing address?  |

*I authorize the YMCA to debit the above named bank account or credit card for my weekly fee as indicated above. If my automatic draft is returned by my bank for any reason, I am responsible for my bank fees plus any fees accessed by the YMCA.*

**Signature of Account Holder**

**Date**

Jane Doe 1000  
 1111 Any Street  
 Anywhere, ND 00000

Pay to the order of \_\_\_\_\_ Date \_\_\_\_\_  
 \$ \_\_\_\_\_ Dollars

Memo \_\_\_\_\_

|:091300010|:      1450002588"      1000

Routing Number

Account Number

Check Number

**For Bank Draft  
 please attach a voided  
 check, deposit slip or  
 copy of savings account  
 card here**

I would like to enroll my child in a youth membership with the YMCA.  
 I understand that this is a cost of \$21 monthly and will also be drafted  
 from the account listed along with any join fees and registration fees.  
 I understand that in signing this that I must fill out additional paperwork for membership.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_