



**YMCA of Kingston and Ulster County
2010-2011 Automatic School's Out Payment Agreement**

Child's Name _____
Date _____
School's Out Site _____

I authorize the YMCA of Kingston and Ulster County to keep my signature on file and to charge my checking account or credit card on an ongoing basis for the amount I owe for the 2010-2011 School's Out Program.

Parent Signature _____
Parent Name Printed _____

Staff Signature _____
Staff Name Printed _____

- For Checking Withdrawal, please enclose a voided check. Payment will be taken out on the 15th of the month prior to services being rendered.
- For Credit Card payments, please provide the following information. Payments will be charged to your card on the 20th of the month prior to services being rendered.

Credit Card Number _____
Expiration Date _____
Security Code _____
Name on the Card _____

Please complete form and return to:
YMCA of Kingston and Ulster County
Attn: Registrar
507 Broadway
Kingston, NY 12401