



YMCA School's Out Draft Form

\$10 will be discounted from your monthly tuition when a Draft Form is completed

Full Name: (as it appears on credit card) _____

Member ID: _____ Program Type: _____ Monthly Program Fee: \$ _____

Billing Address: (as it appears on statement) _____

Phone Number: _____ E-Mail: _____

I wish to make the following change to my YMCA account auto draft:

New Account: First Draft Date _____

Change my account as noted: _____

Change my credit card/bank information on file to new information noted below

Terminate My Draft: Last Draft Date _____

****All Changes and Terminations Require 30 days advance written notice to be processed.***

I, _____ (print name), authorize the YMCA of Kingston and Ulster County to keep my signature on file and charge my **Credit Card** on an ongoing basis for the amount I owe (list above under monthly fee) plus any drop in days and additional fees accrued on my account.

I understand that this authorization is a continuous program plan and is automatically renewed each month. I understand that all changes and terminations to this plan can only be processed by the YMCA with 30 days advance written notice.

I understand that is in my responsibility to contact the YMCA in writing if there is any change to my Credit Card. **My account will be charged \$10 for any returned/bounced payment.** Forms for such changes can be located in the Registrar's Office.

Signature

Date

Credit Card Draft

Draft Date: 22nd

Circle Credit Card Type: Visa MC AMEX Disc

Credit Card Number: _____

Expiration Date: _____ CV Code: _____

Office Use Only:

Staff Name: _____ Date Received: _____ Heartland Updated _____