



## SUMMER CAMP SCHEDULED PAYMENT PLAN

Draft Responsibilities

Authority to Draw ACH Debits or Drafts for Summer Camp Payments

Your Name:
Address:
City, State and Zip:

Child's Name:
Child's Name:
Child's Name:

### Checking/Savings Account:

Bank Transit Routing No:	Choose One: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Depositor's Account No:	Signature of Bank Depositor:

**Or**

### Credit/Debit Card:

Card Number:	
Expiration Date:	Full Name on Card:

### **Authorization:**

I hereby authorize the South Shore YMCA to charge any remaining camp balances on the payment due date to the Checking/Savings Account or Credit/Debit Card listed above.

- It is my responsibility to notify the YMCA immediately of any account changes or account closing and to provide the YMCA with the current account information.
- The YMCA reserves the right to refuse entrance into the program if payments are delinquent. Full payment of delinquent balance will be required for reinstatement into the program.
- The Business Office will contact you for payment if your draft is declined, plus a service charge will be applied by the YMCA to my bank or credit card company.

**I have reviewed the above rules and understand the responsibilities of the draft as written above. I understand that a \$50 per week, per camper, deposit will be applied from the above information upon completion of registration. I understand that all remaining balances will be charged to this method of payment of 05/30/2023.**

**Authorized Payer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Scheduled payment amounts can be found on your receipt.  
Camp payments can be made before the due date online or at the branch.**