



**The SKY Family YMCA  
Draft Authorization Form  
Program and Childcare**

I hear by authorize The SKY FAMLY YMCA, INC. to initiate a debit to my CREDIT/CHECKING account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until The SKY Family YMCA is notified by me in writing to cancel in such time as to afford The SKY Family YMCA and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_ Participant Name (print) Parent/Guardian Name (print) \_\_\_\_\_

**Programs**

Following programs are drafted on the 1<sup>st</sup> of each month

Gymnastics \_\_\_\_\_ Master Swim \_\_\_\_\_ Tae Kwon Do \_\_\_\_\_

Swim Team \_\_\_\_\_ Swim Meet Fees (15<sup>th</sup> Month) \_\_\_\_\_

**Childcare**

Following childcare programs are drafted weekly on Friday

Hanchey \_\_\_\_\_ Sports \_\_\_\_\_

**Draft Authorization**

Draft will be on the 1<sup>st</sup> of every month in the amount of \$ \_\_\_\_\_ (*programs only*)

Draft will be weekly on Friday in the amount of \$ \_\_\_\_\_ (*childcare only*)

Please note: All payments returned as non-fundable, whether by electronic charge or check will be assessed up to a \$30.00 administrative fee per occurrence. Other charges may occur. It is the individual's responsibility to notify the YMCA of any changes to their billing information at least 15 days prior to the scheduled draft date, regardless of reason. Exceptions will not be made.

**Program/Childcare Status Change**

Change Draft Info

Cancel Draft/Drop Program    Effective Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Last 4 Digits of Credit Card/ACH Account \_\_\_\_\_ Staff Initials \_\_\_\_\_

**●●●Please note all information changes must be submitted by the 15<sup>th</sup> of previous month●●●**