



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOSI Swim Team Meet Fees Authorization Agreement

I authorize the Gateway Region YMCA (hereafter known as YMCA) to charge my checking/savings or credit card account for meet fees. I further authorize the financial institution to process these fees. Charges are continuous as long as the child participates in swim meets and will occur on the 20th of every month. Should any draft not be honored by the financial institution for any reason, I realize that I am still responsible for that payment plus the \$25 service charge applied by the YMCA, in addition to any service fee my financial institution may charge.

Please provide information below:

Child's Name _____

Address: _____ City/State _____ Zip _____

Parent/Guardian Name _____

Mark which form of payment you would like for us to utilize for your child's meet fees:

Electronic Funds Transfer: Last 4 digits of checking/savings account number _____
**In order for us to process your child's meet fees by EFT we will need to scan a blank check into our system. Please stop by the YMCA to add your account into our system.*

Credit Card: Circle Type of credit card: Visa MC Discover Amex
Last 4 digits on the card _____ Expiration Date _____
**In order for us to process your child's meet fees by credit card we will need to scan your credit card into our system. Please stop by the YMCA to add your account into our system.*

Parent Signature _____ Date _____

Staff Signature _____ Date _____