



# KEENE FAMILY YMCA

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## AUTHORIZATION FOR KYD Payment Plan (One sheet per swimmer)

Swimmer's Name: \_\_\_\_\_ KYD Group: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**The KYD Payment Plan** allows participants to spread the Keene YMCA Dolphins Swim Team Registration fee over a 4 month period. With your authorization, program fees are deducted monthly from your credit or checking account. Payments will begin upon registration and end 12/15/2016.

### Payment Plan Schedule Per Swimmer:

\$440 level: (White Group or part-time high school team)  
First Payment: \$110 due at registration.  
\$110 will be drafted on Oct 15, Nov 15 & Dec 15, 2016

At the \$565 Level: Black Group, Black Group  
First Payment: \$141.25 due at registration.  
\$141.25 will be drafted on Oct 15, Nov 15 & Dec 15, 2016

### Terms and Conditions

1. I understand that, after making my initial payment of a fourth of the registration fee, my account will be drafted on the 15th of the month beginning on 10/15/16 and ending 12/15/16.  
Member's initials \_\_\_\_\_
2. Should any charge not be honored by my bank for any reason, I understand I am responsible for the payment, plus a **service charge of no more than \$25 applied by the Y.** This is in addition to any service fees from the bank. I understand that it is my responsibility to notify the Y in writing should I change my financial institution and or account at any time. Member's initials \_\_\_\_\_
3. I understand that failure to fulfill payment plan will result in termination from KYD Swim Team.  
Member's initials \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

YMCA Membership Number: \_\_\_\_\_

**APPLICATION FOR ELECTRONIC FUNDS TRANSFER**

**Authorization Agreement**

I hereby authorize the KEENE FAMILY YMCA to initiate electronic funds entries to my checking account or credit card. I have attached a voided check for proof of account ownership.

I authorize the financial institution named below to debit the following account and I will provide all information necessary for this transaction:

Name on Account: \_\_\_\_\_

Member name (if different from account): \_\_\_\_\_

**Credit Card:**

Card Type (circle one):                      Visa                      MasterCard

Card Number: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

**Checking Account: (attached voided Check)**

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_

**Office Use:**

**Join Date & Draft Schedule**

Swimmer rate (circle):                      \$440                      \$565

1st Withdrawal date: upon registration

Last Withdrawal date: Dec 15, 2016

Staff signature: \_\_\_\_\_

