



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Payment Authorization

Participant Name

Parent/Guardian Name (for participants under age 18)

Program or Class

Payment Method

Last Four Digits of Account/Card

I (We) authorize the Gateway Region YMCA to charge my (our) checking/savings or credit card account for my (our) monthly fee. I (We) further authorize the financial institution to process these fees. I (We) understand fees are non-refundable and non-transferable. I (We) understand charges are continuous. If, for any reason, a payment is not honored by the financial institution, a service fee will be charged on any returned transaction. I realize I am still responsible for my payment including the service fee applied by the YMCA for each return incurred. This is in addition to any service fee my (our) financial institution may charge. The YMCA will resubmit a returned payment automatically and will notify me (us) with any issues. Two or more returns could result in termination of service. I (We) understand charges are continuous and it is my (our) responsibility to notify the YMCA in person to discontinue my (our) services and automatic payments. I (We) understand cancellation requests must be submitted in writing on or before the 20th of the month prior to my (our) next draft date. If I (we) notice a discrepancy on my (our) statement, I (we) will notify the YMCA promptly. I (We) understand refunds are not issued for discrepancies of 90 days or more.

Payment Authorization Signature
(Must be at least 18 years of age)

Date