



SOUTHEASTERN INDIANA YMCA LEARNING CENTER

Agreement for Pre-Authorized, Recurring Summer Camp Payments

You authorize regularly scheduled charges to your checking or savings account for payment of summer camp fees. You will be charged based on the schedule below. The authority you give to charge your account will remain in effect until you notify the YMCA Learning Center in writing to terminate the authorization. If the amount of your payment or payment schedule changes, we will notify you before the payment date.

I, _____, authorize the Southeastern Indiana YMCA to charge/debit my account weekly for YMCA Learning Center summer camp fees.

<input type="checkbox"/> Checking Account Account Holder Name _____ Bank Name _____ Bank Routing # _____ Account # _____ City/State _____ Your Phone # _____ Please attach a voided check.	<input type="checkbox"/> Savings Account Account Holder Name _____ Bank Name _____ Bank Routing # _____ Account # _____ City/State _____ Your Phone # _____ Please attach a voided check.
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Please circle each week of summer camp you wish to be drafted. Fees will be drafted 1 week prior to the first day of camp.

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| Week 1 May 29-2 (Fees drafted May 22) | Week 6 July 3-7 (Fees drafted June 26) |
| Week 2 June 5-9 (Fees drafted May 29) | Week 7 July 10-14 (Fees drafted July 3) |
| Week 3 June 12-16 (Fees drafted June 5) | Week 8 July 17-21 (Fees drafted July 10) |
| Week 4 June 19-23 (Fees drafted June 12) | Week 9 July 24-28 (Fees drafted July 17) |
| Week 5 June 26-June 30 (Fees drafted June 19) | Week 10 July 31-August 4 (Fees drafted July 24) |

Please initial each item below:

1. ____ Your tuition will be drafted as noted above unless a cancellation request is emailed to Angela Schwipps at aschwipps@siymca.org by the cancellation date listed for each camp week on the "Hold My Spot" application.. Refund policy applies as noted on the "Hold My Spot" application that is completed at registration for summer camp.
2. ____ A \$19.00 service charge will be assessed to any non-sufficient funds (NSF). In the event of a second NSF, cash payments will be required for your child's care to continue.

I have read all of the conditions above and note my agreement with my signature.

Parent/Guardian Signature DATE