



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

CREDIT / DEBIT CARD CONTRACT

Swimmer's Last Name: _____ First Name: _____ Level: _____

I authorize the New Rochelle YMCA to keep my signature on file and charge my credit/debit card account on the first of every month for the amount I owe. I understand that this authorization is valid for the duration of my child's enrollment in the 2017-18 Swim Team and that I may cancel the authorization at any time through a 30 day written notice. I also agree to contact the merchant if there are any changes to my credit/debit card account information.

Cardholder Name: _____

Cardholder

Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Sec. Code: _____ Exp. Date: _____

Cardholder Signature: _____ Date: _____

Payment Plan – Eleven Program Fee payments (no August program)

- Upon Enrollment: Registration Fee + First Month of Program Fee
- First of Each Month – Monthly Payment Plan Fee

Sailfish Swim Team Payment Agreement:

Level: _____ Team Fee: _____ Monthly Installment: _____

All information on this form is correct as far as I know. I understand that the YMCA reserves the right to refuse an application, or terminate enrollment of any child based upon disciplinary difficulties or lack of payment.

Parent/Guardian Signature: _____ Date: _____

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