



Titans Swim Team 2021-2022 Season Payment Plan Agreement



Swimmers Name: _____

This swimmer is eligible for a scholarship for the Y or the multi-sibling benefit of 5%.

All payments are to be automatically debited from an account.

<input type="checkbox"/> Pay in Full <input type="checkbox"/> White: \$355.00 <input type="checkbox"/> Blue: \$425.00 <input type="checkbox"/> Junior: \$520.00 <input type="checkbox"/> Senior: \$555.00	<input type="checkbox"/> Monthly Payments September 15 th October 15 th November 15 th December 15 th	Monthly Fees Per Group <input type="checkbox"/> White: \$88.75 <input type="checkbox"/> Blue: \$106.25 <input type="checkbox"/> Junior: \$130.00 <input type="checkbox"/> Senior: \$137.50 <p style="text-align: center;">Dates that have passed are due upfront.</p>
--	--	--

I give the Sanford-Springvale YMCA permission to use the following account (please circle one) **Checking** **Savings** **Credit Card** on file with the last four digits of _____ to automatically pay all of my swim team fees.

IF YOU DON'T HAVE AN ACCOUNT ON FILE, PLEASE FILL OUT THE BOTTOM OF THIS FORM.

Please advise, registration for any membership, other Y programs and/or Titans seasons may be denied if there is a balance on your account that is past due.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt of payment. Should any preauthorized EFT (or credit card charge) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charges. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Circle Account Type	Checking	Savings	Credit/Debit Card
Bank Name			
Name on Account/Card			
Account Number		Transit/Routing Number	
Credit Card Type (circle):			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card Number		Expiration Date:	
Draft Day			
15 th			
Signature of Account Holder		Date:	

I, _____ hereby consent to the above mentioned payment agreement. Should I have difficulty meeting the dates as mentioned in said agreement, it is my responsibility to notify the Sanford-Springvale YMCA. I also accept full responsibility for any payments that are returned for ANY reason along with any additional returned payment fees should there be any fees associated with the return payment.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____