

# TITANS SWIM TEAM 2018-2019 PAYMENT PLAN AGREEMENT

<b>Swimmers Name:</b>
<input type="checkbox"/> <b>This swimmer is eligible for a scholarship from the Y or the multi sibling benefit of 5%.</b>

**All payments are to be automatically debited from an account.**

<input type="checkbox"/> Monthly Scheduled Payments  <input type="checkbox"/> August 15th <input type="checkbox"/> September 15th <input type="checkbox"/> October 15th <input type="checkbox"/> November 15 tth <input type="checkbox"/> December 15th  (dates that have passed are due upfront)	Monthly Fees Per Group:  <input type="checkbox"/> White: \$51 <input type="checkbox"/> Junior B: \$63 <input type="checkbox"/> Junior A: \$83 <input type="checkbox"/> Senior: \$91	<input type="checkbox"/> I give the Sanford-Springvale YMCA permission to use my account (checking savings or credit card) on file with the last four digits of _____ to automatically pay any and all of my swim meet fees. <b><u>IF YOUR ACCOUNT IS NOT ON FILE, PLEASE FILL OUT THE BOTTOM OF THIS FORM.</u></b>
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- Note all fees must be paid and current in order for your swimmer to attend the national and/or state meets.
- 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 charge. 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.

Checking	Savings (statement not passbook)	Credit/Debit Card
Bank Name		
Name on Account/Card		
Account Number		Transit/Routing Number
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number		Exp Date:
Draft Day	15th	
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 returned payment.**

**Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_**

**Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

