

SWIMMERS NAME:

Titans Swim Team 2022 - 2023 Financial Agreement



Please be advised, registrations for any membership, other YMCA programs and/or the Titans, may be denied if there is an outstanding balance on your account. Participant may pay in full at time of registration or choose to schedule monthly payments.							
	Pay in F	ull		Monthly	Paymo	ents	Dates Payments Will Be Drafted
	Blue:	\$450.00		Blue:	\$112.	50	September 15 th
	Junior:	\$550.00		Junior:	\$137.	50	October 15 th
	Senior:	\$575.00		Senior:	\$143.7	75	November 15 th
Dates that have passed are due upfront.						nt.	December 15 th
		bates that hav	c pass	eu ai e uut	- ирпо		December 15
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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. Signature I understood that if a payment is not honored by the bank or credit card institution, then the initial YMCA, at its discretion, will resubmit the amount due for payment on a future date and there may be a \$10.00 return payment fee charged. _ I understand that I must have an account on file to register for the Titans Swim Team. Initial I understand it is my responsibility to keep my account on file up to date and will inform the initial YMCA if and when I have to change the account on file. ___ I understand that all payments will automatically be deducted from my account on file. Initial Meet fees are an additional cost and vary, depending on the event. Fees will be automatically applied to your swimmer's account when he/she signs up for a meet. We will automatically draft your payment when the meet fee is applied to your account. ____ I understand that meet fees will automatically deduct from my account on file. 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: Director's Signature: Date:

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