

2014 **YMCA Barracudas Swim Team** Payment Agreement Must have voided check or credit card information to set up draft.

Account Holder Information:		
Last Name: First Name:		
Address:		
City/State:	Zip:	
Home Phone:		
Alt Phone:		
Child/ren in programs:		
Name:	Age	-
I hereby authorize the Winder Barrow YMCA to de team payments. My account will be drafted on the	bit my bank account at	for swim
terms of the payment agreement as indicated by s		swim team. I understand and agree to the
YMCA BANK DRAFT AGREEMENT		
 It is to my complete understanding that if I w Should any bank draft or credit card charge n for payment to the YMCA plus a \$30.00 service 	ot be honored by my bank for any	reason, I realize that I am still responsible
may charge. 3. I understand that my account will be debited is \$55/month for members ages 10 and under month for non-members ages 10 and under, a	r, and \$70/month for members age	es 11—18. Monthly cost per child is \$80/
Signature of Bank Depositor		Date:
I hereby authorize the YMCA of Georgia's Piedmor and agree to the terms of the payment agreement		thly swim team payments. I understand
Credit Card #	Exp Date	3 digit security code
Signature of Card Holder		