

Bell Family YMCA
 Pryme Tyme Payment Agreement Form
 You **MUST** complete one per family

Today's Date _____	Staff Assisting _____
--------------------	-----------------------

Personal Information

Person responsible for payments _____	Relationship to Camper _____
Camper's Name(s)	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Billing Information

First Name _____	Last Name _____	Date of Birth _____
Home Address _____	City _____	State _____ Zip _____
Home Phone _____	Primary Email _____	
Work/Cell Phone _____		

Bank Information

<input type="checkbox"/> Bank Account Details (attach voided check) Name on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number: _____ Account Number: _____	<input type="checkbox"/> Credit Card Details (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Exp. <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ CVV #: _____
<input type="checkbox"/> Please use my account on file ending in _____ (list the last 3-4 digits)	

Payment Schedule Information (choose one)

(\$20 deposit due for each week attending if making weekly payments instead of setting up draft)

<input type="checkbox"/> Weekly Draft	<input type="checkbox"/> Weekly Payments <small>Payments due each Friday BEFORE camp</small>
--	---

Select the weeks attending	Select Partial or Full Week	Amount Due	Due Date
<input type="checkbox"/> June 7th- June 11th	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		June 4th
<input type="checkbox"/> July 14th-18th	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		June 11th
<input type="checkbox"/> June 21st- June 25th	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		June 18th
<input type="checkbox"/> June 28th - July 2nd	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		June 25th
<input type="checkbox"/> July 5th - July 9th	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		July 2nd
<input type="checkbox"/> July 12th - July 16th	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		July 9th
<input type="checkbox"/> July 19th - July 23rd	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		July 16th
<input type="checkbox"/> July 26th- July 30th	<input type="checkbox"/> Partial <input type="checkbox"/> Full Week		July 23rd

Payment Policies - PLEASE INITIAL

Initial	Payment will be drafted or paid weekly as indicated above. If payment is not received by the first day of care, the child will not be allowed to participate in the program until fees are paid (plus a \$10 late fee).
Initial	Payments not honored by the bank for any reason, will incur a \$30 return payment fee. In the event a payment is returned, we will automatically re-draft within 14 days.
Initial	I understand that deposits are non-refundable and non-transferable.
Initial	I understand that if I need to cancel a week, I must do so in writing to the YMCA.

This is a request to draft the above named financial institution for charges related to selected YMCA programs. I further agree this authorization is to remain in effect until receipt of written notice to the YMCA Association Office or Program Director to cancel such authorization.

Account Holder's Signature _____	Date _____
----------------------------------	------------