Bell Family YMCA

Summer Camp Payment Agreement Form

You MUST complete one per family

| | Today's Date | | Staff Assisting | | | | | | | | | |
|--|---|---|-----------------|------|------------------|---------------------------------------|----------------------------|-------------|----------------------|------------------------------|--|--|
| Camper's Name(s) 1. | Personal Inform | nation | | | | | | | | | | |
| 1. 4. 5. 5. 6. Billing Information | Person responsible for payments | | | | | | Relationship to (| amper | | | | |
| 5. Billing Information | | | | | | | | | | | | |
| Billing Information First Name | 1. | | | | | 4. | | | | | | |
| Billing Information First Name | 2. | | | | | 5. | | | | | | |
| Billing Information First Name | · | | | | | | | | | | | |
| City State Zip | | ion | | | | 0. | | | | | | |
| Home Phone Primary Email | | 1011 | | | | | | | | | | |
| Home Phone Bank Information Bank Account Details (attach topide check) Name on Account: Name on Account: Name on Account Type: Checking Savings Account Number: Card Type: MasterCard Visa American Exp. Discover Account Number: Expiration Date: CVV #: American Exp. Discover Account Number: Expiration Date: CVV #: Please use my account on file ending in (list the last 3-4 digits) Payment Schedule Information (choose one) Weekly Draft Weekly Cash or Check Payments Session Draft Date Amount Due Session Payment Due Due Se | First Name | | | | Last Name | | | | Date of Birth | | | |
| Bank Account Details (attach voided check) Name on Account: Account Type: Checking Card Type: MasterCard Visa Routing Number: Account Number: Expiration Date: CVV #: Please use my account on file ending in (list the last 3-4 digits) Payment Schedule Information (choose one) | Home Address | | | | City | City State Zip | | | | | | |
| Bank Account Details (attach voided check) Name on Account: Account Type: Checking | Home Phone | | | | Primary Em | Primary Email | | | | | | |
| Bank Account Details (attach voided check) Name on Account: Account Type: Checking | Work/Cell Phone | | | | | | | | | | | |
| Cattach voided check Name on Account: Card Type: | Bank Information | on | | | | | | | | | | |
| Name on Account: Account Type: Checking Savings Account Number: Account Number: Expiration Date: Expiration Date: CVV #: Please use my account on file ending in Weekly Draft Weekly Draft May 31-June 3 (30th Holiday) Session May 31-June 3 (30th Holiday) Session May 31-June 3 (30th Holiday) May 31-June 3 | Bank Account Details | | | | | | | | | | | |
| Account Type: Checking Savings Account Number: Expiration Date: CVV #: Please use my account on file ending in (list the last 3-4 digits) | - | voided check) | | | | | | | | | | |
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| Routing Number: Expiration Date: CVV #: Please use my account on file ending in (list the last 3-4 digits) Payment Schedule Information (choose one) Weekly Draft | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | H | _ | | | , , , , , , , , , , , , , , , , , , , | | Ħ | | | | |
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| May 31-June 3 (30th Holiday) 5/27/2022 | Weekly | / Draft | | | | Weekly Cash or Check Payments | | | | | | |
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| June 13-17 Solution Solution | · · | ,, | | | | | 3 (30th Holiday) | - | | | | |
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| Account Holder's Signature Date | | | | | to selected YMCA | programs. I furthe | er agree this authorizatio | n is to ren | nain in effect until | receipt of written notice to | | |
| | Account Holder's Signature | | | | | Date | | | | | | |