



___ New ___ Change of Payment

Active # _____

Complex/YMCA Bank/Credit Card Draft Form

Parents Name: _____

Participant Name: _____ Date of Birth: _____

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Name: _____ Email: _____

ACTIVITY

	Cheer Jewels
	Momentum Dance
	Preschool

CREDIT CARD DRAFT INFORMATION

Card Holder Name: _____

Card Number: _____

Credit Card Type: _____ CVC: _____ Expire Date: _____

Billing Address: _____

Card Holder Signature: _____ Date: _____

(MUST SIGN FOR CREDIT CARD DRAFT.)

By signing below, I acknowledge that in the event my automatic draft is returned for any reason, I am subject to the outstanding balance AND a minimum \$10 service fee up to a maximum \$35 service fee. In addition, I realize that if my outstanding balance is not paid in full by the last day of the month in which the draft(s) did not go through, my membership will be terminated and/or my child's enrollment in the program may be terminated and my outstanding balance(s) will be turned over to a collection agency. I understand that I will not be able to rejoin or reenroll in a program for myself or my child(ren) without first paying all outstanding balances.

Member Signature: _____ Date: _____

(MUST SIGN FOR TERMS AGREEMENT.)

For Complex YMCA staff use only:

Branch: Complex Staff Signature: _____ Date: _____