



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of Abilene **TIDAL WAVE SWIM TEAM** Payment Drafts

Primary Account Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Branch: Red Bud

Child(s) Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Monthly Draft: \$ \_\_\_\_\_ Draft date: \_\_\_\_\_ Draft range \_\_\_\_\_ - \_\_\_\_\_ Use card on file **Y** **N**

### Bank Draft

_____	_____
<b>Name on Bank Account</b>	<b>Bank Name</b>
_____	_____
<b>Transit/Routing Number</b>	<b>Account Number</b>

### Credit Card Draft

_____	_____
<b>Name on Credit Card</b>	<b>Credit Card Number</b>
_____	_____
<b>Exp. Date</b>	<b>Zip Code</b>
	<b>Master Card Visa Discover</b>

I authorize my bank to honor pre-authorized EFTs drawn by the YMCA of Abilene **TIDAL WAVE SWIM TEAM payments and/or** contributions. It is understood that my EFT membership will be continuous until after written notification has been received by the YMCA of Abilene. When the bank honors the EFT by charging my account, such EFTs constitutes my receipt for the payment. Should any EFT not be honored by said bank when received by them, it is understood that payment is to be made by me in the amount of said payment plus service charge.

**TIDAL WAVE SWIM TEAM program fees will be scheduled according to SWIM TEAM Payment Policies.**

I understand the above information and agree to abide by all policies and procedures set forth by the YMCA of Abilene.

\_\_\_\_\_  
Bank/Credit Card Account Holder's Signature

\_\_\_\_\_  
Date

Business Office Only
Start Date: _____ Membership: Active Frozen On Hold
Amount to add to draft: _____ Full Rate Scholarship Rate CCPO