

**Automatic Payment Option Form - Day Camp**

**Authorization Agreement**

I hereby authorize the YMCA of Metropolitan Milwaukee to automatically charge the credit card referenced below for my child's Summer Day Camp account. I understand that the balance for each session of camp will be charged on the Sunday eight days prior to each session.

Further, I understand that the charge to my account will take place on a weekly basis for the camp in which my child is enrolled. It is my responsibility to check my credit card statement and report any discrepancies to the Camp Site Director within 7 days of the charge in question. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment and any additional late fees incurred. If full payment is not made I agree to pay for all fees associated with the collection of funds.

I understand that it is my responsibility to notify the YMCA of Metropolitan Milwaukee of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 7 business days in advance of the draft date.

This agreement will remain in effect until YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me or until the end of camp.

**Account Information**

Print your Name as it appears on card: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

**Signature**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Location: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_