



YMCA of Metropolitan Milwaukee

Credit Card Authorization Form

Authorization Agreement

I hereby authorize the YMCA of Metropolitan Milwaukee to charge the credit card referenced below.

Further, I understand that the charge to my account will take place on a weekly, bi-weekly (1st and 3rd Friday of each month) or monthly basis and if this falls on a weekend or holiday the charge will take place on the next business day. It is my responsibility to check my credit card statement and report any discrepancies to the Site Director within 10 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. 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 10 days in advance of the charge date.

This agreement will remain in effect until YMCA of Metropolitan Milwaukee receives a written notice of cancellation from me or until I submit a new credit card authorization form to the YMCA of Metropolitan Milwaukee.

Account Information

Print your Name as it appears on card: _____

Credit Card Number: _____ Expiration Date: _____

Zip Code: _____ Security Code: _____

Signature

Authorized Signature: _____ Date _____

Program/Center Location: _____

Child's Name: _____

Parent's Name: _____

Start Date: _____ Amount to be Charged: _____

Per my Payment Policy Agreement please charge me

___ Weekly ___ Bi-Weekly (1st and 3rd Friday of the month option only)

___ Monthly (to be charged/withdrawn only on the 1st of each month)