



PROGRAM Billing Authorization

Fergus Falls Area Family YMCA, 1164 N Friberg, Fergus Falls, MN 56537 • 218-739-4489 FAX 218-739-5403

Please read the information below and initial on each line. Add your name, signature, and date. Your bank account or credit/debit card information should only be completed on this form if the form is sent via secure email, fax, or dropped off with staff.

PROGRAM Billing & Cancellation Policy

I (we) hereby authorize the Fergus Falls Area Family YMCA to initiate debit entries to my (our) checking, savings, or credit card account for any program fees. I (we) authorize the financial institution named where the account is located, hereinafter called BANK, to debit the same to such account. (Please initial each line.)

_____ I understand that payments for **program fees** will be deducted on the at the end of the program week (Fridays) unless otherwise scheduled with the Finance Director or Youth & Family Director.

_____ I understand that if my bank information should change, I must contact the Finance Department or Youth & Family Director immediately and fill out a new Billing Authorization form.

_____ If my **program fee** bank draft is **NOT** honored by my bank for any reason, I realize that **I am still responsible for that payment plus any posted service fees (currently \$30.00). This is in addition to any service fee my bank my apply.**

_____ I am aware of the fact that it is my responsibility to check my bank statement on a regular basis to make sure the **program fees are being withdrawn correctly. Any errors must be addressed with the Program Director or Finance Director.**

By signing, I have read and understand the YMCA PROGRAM billing & cancellation policy outlined above.

Printed Name(s) _____

Date _____

Signature(s) _____

ACCOUNT INFORMATION

CREDIT / DEBIT CARD: Visa Mastercard Discover

ONLY COMPLETE IF SENDING BY SECURE EMAIL, FAX, OR TURNING IN ON PAPER

Name on Card: _____ Expiration Date: ____/____

Card #: _____ Security Code: _____

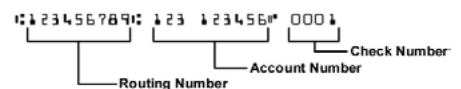
ELECTRONIC FUNDS TRANSFER (EFT) Checking Savings

ONLY COMPLETE IF SENDING BY SECURE EMAIL, FAX, OR TURNING IN ON PAPER

Name on Account: _____

Routing # _____ Bank Name: _____

Account # _____



COMMENTS: