



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Exploration Academy/Day Camp Payment Form

Please print clearly.

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Branch Name: _____ Member ID: _____

Please note: A one-time (non-refundable) \$45 registration fee applies per child.

Payment Options: (Choose 1, 2 or 3)

1 Bank Draft: Routing number _____ **Last four numbers of Account to Draft:** _____

Date of First Draft: _____ **Weekly Draft Amount:** _____
(A voided check or copy of a check **MUST** be attached)

2 Credit Card Draft: Please check which card you wish to use for your payment.

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name (as it appears on card): _____

Billing Address for Card: _____
(Street Address) (City) (State) (Zip)

Last four numbers of Credit Card: _____ **Expiration Date:** _____

Date of First Draft: _____ **Weekly Draft Amount:** _____

Bank/Credit Card Draft Authorization Statement: By signing below, I authorize the YMCA of Northwest North Carolina to draft the cost of my child care payment in the indicated amount on or about the Wednesday prior to the week of camp my child will be attending. I understand that the bank draft will begin as stated on this authorization. If I wish to cancel the automatic bank draft or make changes to the draft account, I will complete a cancellation form or change form that is provided by the YMCA of Northwest North Carolina. I understand that cancellations and/or account changes require a **15-day advance notice**. Any returned drafts will be collected along with applicable processing fees as funds are available in my account, which may not coincide with the above indicated draft date. **I also understand that I will need to stop any membership draft independently of the child care draft if I so desire.** Please verify your draft once it has begun. If you have questions, please call your local YMCA branch or email summerfun@ymcanwnc.org.

Account Holder Signature: _____ **Date:** _____

3 Walk-in/Online Payment By signing below, I understand that weekly payments are due on the Wednesday prior to the week of camp my child will be attending. Online payments can be made at ymcanwnc.org and then choose My Account. I further understand that if I do not make my payment on or before the due date I will be charged a \$10 late fee. I understand that cancellations and/or account changes require a **15-day advance notice**. Any returned payments will be collected along with applicable processing fees. **I also understand that I will need to stop any membership draft, if I so desire, in the event I no longer require childcare.** If you have questions, please call your local YMCA branch or email summerfun@ymcanwnc.org.

Date of first payment: _____ **Weekly payment amount: \$** _____

Account Holder Signature: _____ **Date:** _____

YMCA OF NORTHWEST NORTH CAROLINA

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Our mission: "Helping all people reach their God-given potential in spirit, mind and body."

Financial assistance available. A United Way agency.