



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA Of NWNC Summer 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) \$50 registration fee applies per child. A \$5 deposit per week will be required.

**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 NWNC 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 information, I will complete a cancellation form or change form that is provided by the YMCA of NWNC in the Membership office or Welcome Center. I understand that cancellations and/or account changes require a **10-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 Y 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 **10-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

301 N Main Street, Suite 1900, Winston-Salem NC 27101 336 777 8055 www.ymcanwnc.org

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

Financial assistance available. A United Way agency.