



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Greater Peoria Family YMCA  
7000 N Fleming Lane  
Peoria IL 61614  
Phone#: 309-692-7631  
Fax#: 309-692-0919

**Y-Achievement/Day Camp Authorization for Weekly Payment**

Please print all information except where specified as a signature.

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

Parent's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work/Cell: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the Greater Peoria Family YMCA to charge my Checking/Credit Card (circle one) account for weekly school age/summer day camp tuition fees in the method of payment I indicate below.

**Checking Account Draft Method of Payment**  
(Attach a voided check or photocopy.)

**Bank Name and Address:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_ **Account #** \_\_\_\_\_  
(First set of numbers from the left) (Second set of numbers following routing #s.)

Weekly fees will be deducted from your account each Monday or subsequent official bank day for that week. \_\_\_\_ (Please Initial)

**Credit Card Account Draft Method of Payment**

Credit Card Holder's Name: \_\_\_\_\_  
As it appears on the card.

Account#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Type:      MasterCard      Visa      Discover      Authorization Code: \_\_\_\_\_  
Circle one

**Payment Change/Cancellation Policy**

I understand that my checking account or credit card will be charged on Mondays or the next official bank day for the current week's tuition fee. I understand that I am financially responsible for all payments from my account. Should my weekly amount not be honored by my bank or credit card for any reason, I agree to be responsible for that payment, plus a \$20 Service Charge applied by the YMCA. This is in addition to any service fee my bank or collection service- may charge. \_\_\_\_\_ Initial here.

I agree to give the Greater Peoria Family YMCA written notification of any change/cancellation of this payment arrangement, which must be received by the Billing Coordinator at the YMCA no later than the Thursday preceding the Monday withdrawal. After receipt of written notification, the YMCA will change or stop the weekly draft payments. In the case of cancellation, I understand that failure to follow this policy will result in continued debits/charges to my account until written authorization is received. \_\_\_\_ Initial here.

I understand that the YMCA reserves the right to cancel this financial agreement if at any time my bank/credit card charge is invalid. Therefore, in order for my child(ren) to continue to participate in the Y-Achievement/Day Camp program, I agree to remit any outstanding fees within 10 days after determination of invalid payment. My child may not participate in Day Camp or Y-Achievement after such determination of invalid payment, unless another payment method is agreed upon by the YMCA and Payer. \_\_\_\_ Initial here,

I have read this agreement and understand all the provisions set forth above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:  
Entered by \_\_\_\_\_ (Staff Signature) Date: \_\_\_\_\_