

Authorization for Recurring Credit Card Charges



Name of Primary Member: _____

Is the Primary Member name the same as the name on the on the credit card? (Circle one) YES NO

If NO, what is the relationship between the cardholder & primary member? _____

I hereby authorize the YMCA of Greater Seattle to charge my credit card on a monthly basis for payments as indicated below. When my financial institution honors such charges, this shall constitute my receipt for payment. I further stipulate the following conditions:

1. THIS RECURRING CREDIT CARD CHARGE IS FOR (check box(es) that applies):

Membership - I understand that the YMCA membership is continuous and that monthly credit card charges will continue until I give written notice as indicated below to change or terminate the membership.

Child Care - I understand that payments are collected one month in advance of the month of child care (i.e., payment for child care during the month of September would be charged to your credit card during the month of August. This charge will occur on either the 4th or 12th working day of August depending on which recurring charge date selected below). I understand that these payments are continuous until I give written notice as indicated below to change or terminate the childcare.

2. I understand that the YMCA will charge my credit card on either the 4th or 12th working day of each month depending on what I have selected below. **Please note: If you choose this method of payment for both your child care and membership fees, you must select the same monthly payments dates for both fees.**
3. **I understand that I am personally responsible for any payments** not processed by my financial institution and/or the YMCA.
4. I understand that the YMCA needs **two weeks (14 days) written** notice before the recurring credit card charge date to alter or cancel my scheduled monthly credit card charge. Any program changes that affect monthly fees also require **14 days notice in writing**. Changes and cancellations cannot be made by telephone. **If the YMCA does not hear from me in time to cancel or change my recurring credit card charge, I understand the subsequent charge will be non-refundable.**
5. **I understand that the YMCA will notify me** in advance if there are increases to my monthly credit card charge due to program and/or membership changes or program and/or membership fee increases.
6. **I will notify the YMCA within 14 days if I have a credit card number and/or expiration date change.**
7. **I understand and authorize that NSF or collection fees will be charged to me for any declined monthly credit card transaction.** Such Non Sufficient Funds (NSF) fees will be the maximum amount allowed by law and will include applicable taxes.

Credit Card and Payment Information:

Name as it appears on Credit Card **Please Print**

VISA____ or Master Card____ (initial one) Last **4 digits** of Card Number _____ **Expiration Date** _____

*(Please initial **one** of the payment dates below):*

Please charge my credit card on the 4th _____ or 12th _____ working day of the month.

I hereby acknowledge I have read and agree to the conditions stated above.

Signature of Credit Card Holder

Date