



PROGRAM DIRECT DRAFT AUTHORIZATION

Program Name: _____ Program Location: _____

1. Participant Information:

Participant Name (Please Print): _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City/State/Zip: _____

Email: _____ Home Phone: _____

2. Payment Account Holder Information:

Name as it appears on card (Please print): _____

Phone: _____ Billing Zip Code: _____

3. Payment Information: ☐ New Program Draft or ☐ Updating Payment Information

I (we) hereby authorize the YMCA of Lincoln, NE to make the following pre-authorized debit transactions against my (our):

☐ Credit/Debit Card: ☐ Visa, ☐ Master Card or ☐ Discover

Number: _____ - _____ - _____ - _____ Expiration Date: _____

Financial Institution Name: _____

Do you currently use this **CREDIT/DEBIT CARD** as a monthly draft to pay for YMCA:

☐ Membership, ☐ Child Care Programs, ☐ Martial Arts, or ☐ Swim Team

4. Draft Information (drafts on the first of the month):

Monthly Draft (per registrant): \$ _____

5. By signing below, I acknowledge and agree to the following terms and conditions and authorize the monthly draft:

- In the event I want to cancel this authorization, I will provide the Lincoln YMCA a completed Membership/Program Change Form two weeks prior to the next scheduled payment date.
- The YMCA may cancel this authorization at any time by sending me a written notice of cancellation.
- If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments.

Account Owner's Signature: _____ Date: _____

For Office Use Only:

Entered By (Print Name): _____ Verified By (Print Name): _____

Last Name, First Name (print): _____

Program Ends/Cancellation Date: _____