



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Meriden-New Britain-Berlin YMCA
Seals Swim Team Program

Authorization for Reoccurring Credit/Debit Card Transactions

I, _____ give the Meriden YMCA authorization to process my swim team payments once a month to the total sum of the registered program.

Swimmers Name(s): _____

Transactions can be deducted once a month on either the **1st** or the **15th** of the month (Please circle the preferred date) for the amount of \$ _____. The monthly deduction will be the swim team fee divided by 5 months.

It will be my responsibility to notify the Meriden YMCA in the event that I cancel my credit/debit card. I will also notify the YMCA when I receive a new expiration date on my card.

If for some reason a transaction will not post (account closed, account suspended, insufficient funds, etc.), I will be charged a \$35.00 return fee by the YMCA ECASH system, which is a collection system that will go after collecting the missed payment(s).

Name as it appears on the card (please Print): _____

- Mastercard
- Visa
- American Express
- Discover

Account Number: _____

Expiration Date: _____

Security Code (as it appears on the back of the card): _____

By signing below I acknowledge that I agree to the statements written above and also give the Meriden-New Britain-Berlin YMCA my permission to charge the card above for my monthly program payments. I also understand that a written 2 week notice is required to stop the automatic withdrawals. The program is to be paid in full unless a written Doctors note is given saying that the swimmer is not able to complete the season. Based on the date of the Doctors note the season will be prorated.

Card Holder Signature: _____

Today's Date: _____

MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

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