



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Authorization to Draft Gymnastics Monthly Tuition

Athlete Name: _____

Class Day/Time: _____

| | |
|---------------------------------|-----------------------|
| Name of Bank Customer * | Name of Bank: * |
| Depositor's Account Number * | Address of Bank: * |
| Depositor's Routing Number * | |

I have read, understand, and agree to the following Y Gymnastics provisions:

1. Bank Draft is a continuous service plan drawn on the 5th of every month and no annual renewal is necessary.
2. I also agree to and understand I will be charged a fee if my bank draft is returned for any reason. If this happens you will need to come to the YMCA and pay *in cash* your tuition along with the additional fee.
3. If your bank draft is returned 3 times, you will no longer be allowed bank draft options. You will be required to self pay your monthly service fee.
4. I understand if I wish to terminate or change my service in any way, I **must give YMCA Gymnastics a written 30 days prior notice from the date of my draft otherwise I will be responsible for the monthly fee.** You must call and speak to the Gymnastics Director or come in and fill out a withdrawal form between the business hours of 8:00-5:00 M-F.

I have given authority to honor preauthorized checks drawn by you on my account for gymnastics service payments as indicated above. It is understood that your sending a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this service. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by one in the amount of said payment.

Authorized Signature: _____ Date: _____