# SWIM TEAM PAYMENT PLAN
# DRAFT REQUEST

The Swim Team Payment Plan is for any families that would like to spread out their payments. Please read the following information regarding payment plan drafting. If you are interested in setting one up, return the bottom portion of this form to Anna Elson before **October 24, 2010**. The first draft payment is due **October 29**, 2nd payment is due **November 19** and 3rd payment is due **December 17**. Deposit payments are not included in the payment plan and must be paid prior to setting up payment plan. **We will not be able to accept any payment plan draft request after October 24, 2010.** All payments will only be drafted by credit card. If you have a scholarship it cannot be used towards the deposit or the payment plan fee.

1. Each child will receive their own payment plan draft. This will include their Squad Assignment, Membership ID #, and the payment amounts with their due date. Payment Plan fee is $15.00 per one child and $25.00 for 2 or more swimmers/family.
2. Payment drafts will be automatically withdrawn from your credit card on October 29, November 19 and December 17.
3. Anyone who's credit card bounces will not be able to participate in practice and meets until the payment is made.
4. Each time a payment is not received on time due to any reason, a $25.00 late fee, per late payment will be charged to your account.

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Child's Name: _____ Squad:_____ (If known)

Home Address: _____

Home Phone: _____ Work / Cell Phone: _____

Email:_____

**Form of Payment:** ⬭ Credit Card

**Card # _____ Exp. Date: _____ Sec. Code #____**

**Name on Card: _____**

- I give the YMCA permission to charge my account for the months indicated above.
- I understand that if my credit card is declined, for any reason, I have until the close of business the same day to rectify the payment. If I do not complete the payment on the due date that the transaction is attempted, I am responsible for all applicable fees ($25.00 late fee) and my child will not be able to participate in practice or meets until the payment is rectified.
- Please note your credit card will be charged on the dates stated above. Receipts will not be mailed. Please log into your account on www.ymcagloco.org for your receipts.

**Please print card holder's name _____**

**Signature of authorized card holder _____ Date _____**