



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

West Essex YMCA Summer Camps
AUTO-PAY AGREEMENT
AUTOMATIC MONTHLY CREDIT CARD CHARGE PLAN

CHILD(REN)'S NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE NUMBER (____) _____ WORK (____) _____

I HEREBY GIVE AUTHORITY TO THE WEST ESSEX YMCA TO CHARGE MY CREDIT CARD FOR MONTHLY SUMMER DAY CAMP PAYMENTS IN THE AMOUNT OF \$ _____ ON THE FIRST DAY OF THE MONTH. I UNDERSTAND ALL CAMP FEES MUST BE PAID IN FULL BY JUNE 1ST 2011. (\$50. SURCHARGE FOR PAYMENTS RECEIVED AFTER JUNE 1ST.)

VISA / MASTER CARD / DISCOVER	EXP. DATE
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AMERICAN EXPRESS	EXP. DATE
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DEPOSIT FEES AND MEMBERSHIP ARE NON-REFUNDABLE AND NON-TRANSFERABLE. REFUND POLICY: IT IS UNDERSTOOD THAT IN THE CASE OF DISMISSAL OR VOLUNTARY WITHDRAWAL, THERE IS NO REFUND. IF IT IS DEEMED ADVISABLE TO DISMISS A CAMPER FOR MEDICAL REASONS, ONE-HALF OF THE UNUSED PORTION OF THE SESSION WILL BE REFUNDED. NO REFUNDS OR CREDITS WILL BE GIVEN FOR MISSED DAYS.

THE YMCA RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT SHOULD THE AUTHORIZED CHARGE TO MY CREDIT CARD ACCOUNT BE DECLINED AFTER TWO CONSECUTIVE ATTEMPTS.

PARENT (GUARDIAN) /CREDIT CARD HOLDER'S SIGNATURE	DATE
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Please send this form to: West Essex YMCA Camp Registrar
321 S Livingston Ave. Livingston, NJ 07039 Fax: 973-992-7680
Tel: 973-992-7500 www.westessexymca.org