

CHARGE CARD DRAFT



AUTHORITY TO DRAW PREAUTHORIZED DEBITS/CREDITS

DRAFT START DATE	DESCRIPTION OF CHARGE - CHILD CARE (Please list child's name)
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NAME AS SHOWN ON CHARGE CARD ACCOUNT (PLEASE PRINT)

ADDRESS - NUMBER & STREET

CITY OR TOWN	STATE	ZIP CODE
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TYPE OF CARD

VISA DISCOVER
 MASTERCARD AMERICAN EXPRESS

CARD NUMBER	EXPIRATION DATE
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I request and authorize the YMCA of Columbia - Willamette to make charges by electronic funds transfer to my charge card listed above for my membership and/or program fees. It is understood that your sending of a preauthorized charge card as payment becomes due shall constitute valid notice of such payment due. When the charge is honored the charge shall constitute my receipt for the payment. Should any preauthorized charge not be honored, then it is understood that a redraft will be made at your earliest convenience and a service fee will be assessed for each redraft.

This authority will remain in effect until the YMCA has received written notification from me of its termination.

X

SIGNATURE OF CARD HOLDER _____ DATE _____

BUSINESS SERVICES