



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHARGE CARD DRAFT AUTHORITY TO DRAW PREAUTHORIZED DEBITS/CREDITS

Draft Start Date _____

Description of charge _____

Child Care (please list name of child(ren) _____

Name as shown on charge card account (please print) _____

Address (number and street) _____

City or town _____ State _____ Zip Code _____

Type of card Visa Discover MasterCard American Express

Card number _____ Expiration date _____

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 is to remain in effect until the YMCA of Columbia-Willamette has received written notification from me of its termination.

Signature of card holder _____ Date _____