

SUMMER CAMP 2024
Credit Card/ EFT Authorization Form

Child's Name _____ DOB _____

All payments will be automatically debited to the account listed below on the 20th of each month, except for the 1st payment. The 1st payment will be due at the time of registration. All payments will be completed by June 17, 2024.

Camp Registering For _____

____ Week 1 ____ Week 2 ____ Week 3 ____ Week 4
____ Week 5 ____ Week 6 ____ Week 7 ____ Week 8

Total Owed \$ _____

of Payments (must be finished by June 17, 2024) _____

PLEASE PRINT LEGIBLY

**** If your credit card is declined, our staff will re-submit the following day.
If it is declined again, a \$10 service fee will be charged.****

CREDIT CARD

Name on Account _____

Credit Card # _____

Expiration Date _____

Type of Credit Card
____ Amex ____ MC ____ Visa ____ Discover

EFT

Name on Account _____

EFT Routing # _____

EFT Account # _____

Account Type ____ Checking ____ Savings

Street _____ Town _____ Zip Code _____

Telephone # _____

E-Mail Address _____

I give permission for the Darien YMCA to debit all camp fees on the 20th of each month using the credit card or EFT listed above.

Signature _____ Date _____