



Northwest Family YMCA

8040 River Road ♦ Baldwinsville, NY 13027 ♦ 315.303.5966 ♦ www.ycny.org

SACC, Preschool and Camp PAYMENT AUTHORIZATION

Child's Name: _____

Child's Name: _____

Child's Name: _____

*A new Payment Authorization form must be submitted with each new registration form.
For security reasons the YMCA does NOT keep debit/credit cards on file or have access to
debit/credit cards that you have charged automatically for payments.*

Debit/Credit Card will be Automatically Charged

***Monthly Billing for SACC and Preschool *Weekly Billing for Camp**

I hereby authorize the YMCA of Greater Syracuse, Inc. to charge the debit/credit card listed below for School Age Child Care, Preschool or Camp payments. It is my understanding that my debits will be charged monthly on the 20th for SACC and Preschool and weekly for Camp. It will continue until I withdraw from the program with two weeks written notice. If my debit/credit card company declines any payment, I understand that I must make payment to the YMCA of the monthly or weekly balance due plus an additional late fee of \$20.00.

I authorize the YMCA of Greater Syracuse to charge the debit/credit card listed below for all Drop Ins, Snow Days, Late Fees, Late Pick-up Fees and Processing Fees.

ONE Time Payment

Debit/Credit Card UPDATE

LAST 4 DIGITS _____ EXPIRATION DATE: _____ / _____

✂ Cut and Shred below the line

PLEASE PRINT Debit/Credit Card Information

Name (as it appears on card): _____ Billing Zip Code: _____

Must include an Email address for a receipt: _____@_____

Amount to be charged: \$ _____ Effective Date: : ____/____/____

MasterCard Visa Discover American Express

Debit/Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Signature _____

Date: ____ / ____ / ____