



YMCA OF SOUTHWEST MICHIGAN

BENTON HARBOR-ST. JOSEPH YMCA
 3665 Hollywood Road
 St. Joseph, MI 49085
 (269) 428-9622

NILES-BUCHANAN YMCA
 905 N Front Street
 Niles, MI 49120
 (269) 683-1552

PROGRAM DRAFT AGREEMENT FORM

NEW
 CHANGE

PARENT CONTACT INFORMATION <input type="checkbox"/> NEW		BRANCH	UNIT #
First Name		Last Name	
Address		City, State, Zip	
Email		Phone	

PARTICIPANT INFORMATION (one form per child)		
First Name	Last Name	Date of Birth

PROGRAM INFORMATION (one form per program)	
<input type="checkbox"/> AFTER SCHOOL CARE	Name of School -
<input type="checkbox"/> OUT OF SCHOOL - DAYS OFF	Name of School - <input type="checkbox"/> Full Day <input type="checkbox"/> 1/2 Day
<input type="checkbox"/> PRESCHOOL	Preschool Name -
<input type="checkbox"/> SWIM TEAM	Team Name -
<input type="checkbox"/> CAMP - BEFORE/AFTER CARE	Camp Name -
<input type="checkbox"/> DAY CAMP	Camp Name - <input type="checkbox"/> Full Day <input type="checkbox"/> 1/2 Day
<input type="checkbox"/> MOVING TO WELLNESS	Session Dates -

PAYMENT INFORMATION - Scheduling is based on the program and can only be adjusted with approval by the program director

<input type="checkbox"/> Checking (voided check) <input type="checkbox"/> Savings	<input type="checkbox"/> Credit <input type="checkbox"/> Debit
Bank Name	Name on Card
Routing #	Card # (last 4) XXXX-XXXX-XXXX-_____
Account # (last 4) XXXXXXXXXX _____	Expiration Date / CVC #

Amount per draft \$	Draft Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly	Day _____ Date _____ (on or around)
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- Initial This PROGRAM DRFT AGREEMENT FORM allows the YMCA of Southwest Michigan to automatically charge the account listed above according to the billing schedule.
- Initial I understand that the fees will be deducted from my account during the duration of the program or until I withdraw my child following the program policy and pending approval by Y administrative staff residing over the program. (Separate form)
- Initial Insufficient funds may be attempted up to 3 times proceeding the original draft date, by our collection department, and are subject to a late fee.
- Initial Non-payment will result in suspension in the usage of the program, may require payment in full, or alternative means of payment before attendance. All past due balances must be paid before attendance or registering for any other program.
- Initial I understand that it is my responsibility to keep the YMCA of Southwest MI informed of any changes in billing as well as emergency and personal contact information in relation to the program. (new form required)

Signature _____ Date _____