



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA of SOUTHERN NEVADA  
4141 Meadows Lane, Las Vegas, NV 89107**

**AUTOMATIC PAYMENT AUTHORIZATION FOR PRESCHOOL 2018-2019**

Parent/Guardian's Name: \_\_\_\_\_ Child's Name(s): \_\_\_\_\_

Unit ID: \_\_\_\_\_

Branch (check one)    Durango Hills    Centennial Hills    Sky View

**Durango Hills YMCA**

Session	August	September	October	November	December	January	February	March	April	May
Draft Date	Aug 1	Sep 1	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1
TTH AM										
MW PM										
MWF AM										
M-F AM										

**Centennial Hills YMCA**

Session	August	September	October	November	December	January	February	March	April	May
Draft Date	Aug 1	Sep 1	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1
MWF AM										
MWF PM										
TTH AM										
TTH PM										
M-F AM										

**Sky View YMCA**

Session	August	September	October	November	December	January	February	March	April	May
Draft Date	Aug 1	Sep 1	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1
MWF AM										
MWF PM										
TTH AM										
TTH PM										

**Rates:    2 Day/week - \$170.00    3 Day/week - \$220.00    5 Day/week - \$380.00**

Financial Institution Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank Account No. (last 4 digits) \_\_\_\_\_ Routing No. \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Check One    VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

**Please initial the following and sign at the bottom.**

\_\_\_\_\_ I hereby authorize the YMCA of Southern Nevada to initiate debit entries on my account indicated above and authorize the financial institution named above to deposit the same amount into the account of the YMCA of Southern Nevada.

\_\_\_\_\_ I understand that this authority is to remain effective until written request for cancellation is received at least 15 days prior to the next draft date.

\_\_\_\_\_ I understand that if the financial institution declines the draft, the YMCA of Southern Nevada, at its discretion, may resubmit the amount due for payment on a future date.

\_\_\_\_\_ I understand that a \$25 service charge will be collected for any declined drafts and any balance due will require payment in full before the camper is allowed to attend or register to any camp.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initial