



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

AUTOMATIC PAYMENT AUTHORIZATION FOR SUMMER CAMP 2018

Member Name: _____ Camper(s): _____

Unit ID: _____

Branch (check one) Heinrich Durango Hills Centennial Hills Sky View

5-15 yr. olds Summer Camp			Draft Amount			
Week	Camp Date	Draft Date	1 st child	2 nd child	3 rd child	Total
1	May 29-June 1	May 24				
2	June 4-8	May 31				
3	June 11-15	June 7				
4	June 18-22	June 14				
5	June 25-29	June 21				
6	July 2-6	June 28				
7	July 9-13	July 5				
8	July 16-20	July 12				
9	July 23-27	July 19				
10	June 30-August 3	July 26				
11	August 6-10	August 2				

Preschool Summer Camp			Draft Amount
Month	Session	Draft Date	
May	MWF AM	May 29, 2018	
	T TH AM		
June	MWF AM	June 1, 2018	
	T TH AM		
July	MWF AM	July 1, 2018	
	T TH AM		
August	MWF AM	August 1, 2018	
	T TH AM		

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