



Director Approval: _____

Campanelli YMCA KASPER 2018-19 Program Automatic Payment Contract

Print Child's Name: _____ Name of School: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The Campanelli YMCA offers two different types of automatic payment plans called Electronic Funds Transfer (EFT) and Charge Account Draft (CAD).

Your signature will confirm that you have read and understand the following:

- I understand that my monthly KASPER payment will be automatically withdrawn on the 1st of every month from my checking account or charged on my credit card, beginning August 1, 2018 through April 1, 2019.
- I understand that I must provide a two week written notice before my automatic payment can be cancelled or changed.
- I understand that the YMCA automatic payment plans are continuous and will remain in effect until I cancel or change my payment preference in writing or until the KASPER 2018-19 Program ends.
- I understand that the Campanelli YMCA may, at their discretion, adjust the monthly rate associated with KASPER, provided they announce any rate change 30-days in advance.
- I understand that I am responsible for making funds available for each and every payment while I am enrolled in KASPER. I also understand that I will incur a \$20.00 service charge fee for any payment declined by my bank or credit card provider.
- I understand that the Campanelli YMCA reserves the right to cancel my child's participation in KASPER after 1 month of insufficient funds or stopped payments.
- I understand Campanelli YMCA will automatically re-submit any declined credit card or NSF checks.

MONTHLY KASPER FEES

| | 2 Day Rate | | 3 Day Rate | | 4 Day Rate | | 5 Day Rate | |
|--|----------------------------------|-----------------------------------|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | AM Only | PM Only | AM Only | PM Only | AM Only | PM Only | AM Only | PM Only |
| Y Member: | <input type="checkbox"/> \$73.25 | <input type="checkbox"/> \$105.25 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$147 | <input type="checkbox"/> \$110.50 | <input type="checkbox"/> \$194.50 | <input type="checkbox"/> \$131.50 | <input type="checkbox"/> \$215.50 |
| Non-Member: | <input type="checkbox"/> \$78.75 | <input type="checkbox"/> \$110.25 | <input type="checkbox"/> \$105 | <input type="checkbox"/> \$152 | <input type="checkbox"/> \$115.50 | <input type="checkbox"/> \$199.50 | <input type="checkbox"/> \$136.50 | <input type="checkbox"/> \$220.50 |
| Discount for Both AM & PM Care: | <input type="checkbox"/> \$159 | | <input type="checkbox"/> \$217 | | <input type="checkbox"/> \$260 | | <input type="checkbox"/> \$317 | |

PAYMENT INFORMATION

Monthly Draft: \$ _____

Please select a payment option below:

_____ EFT - VOIDED Personal Check # _____ (Attached)

_____ CAD - Please circle: Visa MasterCard Discover American Express

Credit Card #: _____ Exp. Date: _____ CVV: _____

Print Name (as it appears on card): _____

Monthly Withdrawal Amount: \$ _____ Withdrawal Start Date: _____

I hereby authorize the Campanelli YMCA to withdrawal my monthly KASPER fees stated in the amount above from the designated credit card or bank account.

Please Print Authorized Name: _____ Date: _____

Authorized Signature: _____ Date: _____