



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- I understand that my monthly KASPER payment will be automatically withdrawn on the 1st of every month from my checking account or charged on my credit card, beginning August 1, 2018 through April 1, 2019.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
<b>Y Member:</b>	<input type="checkbox"/> \$73.75	<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
<b>Non-Member:</b>	<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
<b>Discount for Both AM &amp; PM Care:</b>	<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: \_\_\_\_\_