



Credit Card Authorization for the Maui Family YMCA After School A+ Program

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

By completing this form, you authorize the Maui Family YMCA to begin auto-payments for your child(ren)'s enrollment in our Afterschool A+ Program. The price of the program is dictated by the Hawaii Department of Education and is currently set at \$120 per child per month but is subject to change at their discretion. Payment dates are automatically run on the 1st of every month within the school calendar year. The first charge will be run within a few business days upon submission of this form. From then on, charges will be run on the 1st of every month until the end of the school year with May 1st being the last day. Any cancellation request for auto-payments must be submitted in writing or by email to the Maui Family YMCA at least 15 days prior to the date you wish to stop auto-payments. Any changes to card information must be submitted on a new authorization form.

Student(s) Information

School: _____

1st Child's Name: _____

2nd Child's Name: _____

3rd Child's Name: _____

Credit/Debit Card Information

Credit/Debit Card Holder's Name: _____

Billing Address Street: _____

Billing Address City: _____ State: _____ Zip Code: _____

Card Type: Visa Mastercard American Express Discover

Card Number: _____

Card Expiration Date: _____ Card Identification Number (CVS): _____

Credit/Debit Card Authorization

I authorize the Maui Family YMCA to charge my Credit/Debit Card indicated above for \$120 per child on the 1st day of every month within the school calendar year. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Maui Family YMCA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of Credit/Debit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit/Debit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. I agree to pay any additional fees imposed by the Maui Family YMCA should the auto-payment be rejected including any associated return and late fees. I understand that if payment is not then received by the 5th of the month, my child(ren) will be dropped from the program and a \$25 reinstatement fee per family will be added on along with the regular monthly fee should I wish to reenroll them thereafter.

Cardholder Signature: _____

Cardholder Printed Name: _____ Date: _____

Email Address: _____ Phone Number: _____

For YMCA Use Only: Date Collected _____ Date Processed _____ Processed By _____