



TORIGIAN FAMILY YMCA CAMP EASTMAN
Credit/Debit Card Authorization Form

*I authorize the Torigian Family YMCA staff to charge my card listed on this form for my weekly camp balance for the 2016 summer camp season.

*I understand any deposit I have paid will go towards my weekly fee and only the balance (if any) will be charged according to the schedule below.

*I understand charges will be processed on the Monday prior to my child attending camp for each week registered.

*I understand to stop weekly charges written notification must be sent to Kathleen Casey at kcasey@metronorthymca.org.

Cardholder Signature

Date

Camp Payment Schedule For: (Camper(s) Name)

Table with 4 columns: WEEK, DRAFT DATE, WEEK, DRAFT DATE. Rows include Week 1-6 and Week 7-11 with corresponding dates.

*For your security, this information will be shredded once entered into our computer system.

Cardholder's Name (as it appears on the card):

Cardholder's Address:

Card Number: Card Type (please circle): MC VISA Discover AMEX

Expiration Date: CVV#: Staff Initials: