

Tri-Town YMCA
 1464 S. Main St.
 Entrance #7
 Lombard, IL 60148
 P 630-629-9622
 F 630-629-4636
 billing@tritownymca.org



**FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY**

Direct Debit of Checking or Savings Account

Instructions: Please complete the form below. Attach an unsigned, voided check from this account and turn in to Tri-Town YMCA. The Y will process through its Bank.

I (we) authorize Tri-Town YMCA hereafter called "TTYMCA", to initiate debit entries to my (our) checking account indicated below and the Bank named below, hereinafter called "Bank", to debit the same such account.

I (we) further authorize "TTYMCA" to initiate credits to my (our) account to correct any errors, and "Bank" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until "TTYMCA" and "Bank" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "TTYMCA" and "Bank" a reasonable opportunity to act on it prior to depositing to the account.

Frequency: _____ Weekly (auto pay is scheduled on each Sunday of the week; prior to the week attending)
 _____ One time only (registration fee etc.)

In the amount of \$_____ To end on _____ or at program withdrawal. Program withdrawal requires 2 week written notice or you will be charged for the 2 week period. Notice needs to be sent to the Tri-Town YMCA office or billing@tritownymca.org.



Today's Date _____
 Customer Signature _____
 Customer Name _____
 Address _____
 City, State, Zip _____

Bank Name _____
 Bank Address _____
 Bank Phone Number _____
 Bank Routing # _____
 Bank Account Number _____



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Automatic Charge to Credit Card

Authorization for Tri-Town YMCA to Charge Visa, Mastercard or Discover Card

I, _____ *[printed full name]*

authorize Tri-Town YMCA to charge my

Type of Card: Visa _____ Mastercard _____ Discover _____

Frequency: _____ Weekly (auto pay is scheduled on each Sunday of the week; prior to the week attending)
_____ One time only (registration fee etc.)

In the amount of \$ _____ To end on _____ or at program withdrawal. Program withdrawal requires 2 week written notice or you will be charged for the 2 week period. Notice needs to be sent to the Tri-Town YMCA office or billing@tritownymca.org.



Please print:

Name on credit card: _____

Credit card number: _____ - _____ - _____

Expiration date: ____/____/____ Security # [3 digits on back] _____

Signature: _____ Today's Date: _____

Address: _____

City: _____ Zip: _____

Daytime phone: _____

Child(ren)'s name(s): _____

Child(ren)'s School: _____

Return to: Tri-Town YMCA

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