Transactions

SOUTH BRUNSWICK FAMILY YMCA
CREDIT CARD AUTHORIZATION

Child Development Center

Child's Name:_____

Name of Parent on Account:_____

Full Address:_____

Daytime Phone ( )_____Work( )_____

Class:
Infants___ Toddlers___ Preschool___ Preschool Club I___ Preschool Club II___

Preschool Club II___ PreKinder Prep___ Kinder Prep___

I hereby give the South Brunswick YMCA authority to charge my tuition fee(s) in the amount of $_____per month to the following credit card:

____Mastercard ____Visa ____American Express ____Discover

Account #_____Expiration Date_____
CVV(Last 3 or 4 digits at the back of the credit card)_____

_____(Initial) For the Child Development Center, I understand that I must give the YMCA at least 30 days written notice of my intent to revoke this authority before the revocation becomes effecetive.

Until such time, my credit card will be charged. I also understand and agree that the terms of the South Brunswick YMCA Child Development Center are incorporated within and are an essential part of this agreement.

Card Holder's Signature_____Date_____

Payment Notes:_____
_____
_____