



Titans Swim Team 2024 - 2025 Financial Agreement



SWIMMERS NAME:

This swimmer is eligible for financial assistance from the Y or the multiple sibling benefit of 5%.

Please be advised, registrations for any membership, other YMCA programs and/or the Titans, may be denied if there is an outstanding balance on your account.

Participant may pay in full at time of registration or choose to schedule monthly payments.

<input type="checkbox"/> Pay in Full	<input type="checkbox"/> Monthly Payments	Dates Payments Will Be Drafted
<input type="checkbox"/> White: \$475.00	<input type="checkbox"/> White: \$118.75	September 15 th
<input type="checkbox"/> Blue: \$500.00	<input type="checkbox"/> Blue: \$125.00	October 15 th
<input type="checkbox"/> Junior: \$525.00	<input type="checkbox"/> Junior: \$131.25	November 15 th
<input type="checkbox"/> Senior: \$550.00	<input type="checkbox"/> Senior: \$137.50	December 15 th

Dates that have passed are due upfront.

If you DO NOT have an account already on file, or wish to use a different form of payment, or if your account will expire during the season please fill out the table below.

Circle Account Type:	Checking	Savings	Credit/Debit Card
Bank Name:			
Name on Account/Card:			
Account Number:		Transit/Routing Number:	
Credit Card Type (circle):	Visa	Master Card	Discover American Express
Credit Card Number:		Expiration Date:	
Signature of Account Holder:		Date:	

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt of payment. Should any preauthorized EFT (or credit card charge) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charges.

Signature _____

_____ I understood that if a payment is not honored by the bank or credit card institution, then the
initial YMCA, at its discretion, will resubmit the amount due for payment on a future date and there may be a \$10.00 return payment fee charged.

_____ I understand that I must have an account on file to register for the Titans Swim Team.
Initial

_____ I understand it is my responsibility to keep my account on file up to date and will inform the
initial YMCA if and when I have to change the account on file.

_____ I understand that all payments will automatically be deducted from my account on file.
Initial

Meet fees are an additional cost and vary, depending on the event. Fees will be automatically applied to your swimmer's account when he/she signs up for a meet. We will automatically draft your payment when the meet fee is applied to your account.

_____ I understand that meet fees will automatically deduct from my account on file.
Initial

I, _____ hereby consent to the above mentioned payment agreement. Should I have difficulty meeting the dates as mentioned in said agreement, it is my responsibility to notify the Sanford-Springvale YMCA. I also accept full responsibility for any payments that are returned for ANY reason along with any additional returned payment fees should there be any fees associated with the return payment.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____