Summer Camp
Automatic Payment Authorization Form

In an effort to minimize the risk of late fees, I agree to the following:

It is my complete understanding that by completing this form, I am authorizing the YMCA finance department to automatically debit my credit card on the appropriate due dates. The due date schedule is:

May 15 Due date~ Child(ren) attending camp in June

June 15 Due date~ Child(ren) attending camp in July

July 15 Due date~ Child(ren) attending camp in August

I _____, have read, understand and agree to the above.
(Please Print)

Child(ren) Name _____

Camp Attending _____

Credit/Debit Card Number: _____

Credit/Debit Card expiration date: _____

Circle type of card: American Express Visa Mastercard Discover

_____ Date:_____
Signature of bank account holder (as shown on bank records)

This form can be mailed or faxed to: 860-844-8074
Attention: Finance Department

YMCA Camp Chase/ 15 Canton Rd. (Rt4), Burlington, CT 06035 –
Phone 860-673-4321 **Fax** 860-673-6293
Website www.campchase.org