



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Metro YMCAs of the Oranges
AUTO-PAY AGREEMENT
AUTOMATIC MONTHLY CREDIT CARD CHARGE PLAN**

CHILD(REN)'S NAME _____

PARENT/GUARDIAN _____

ADDRESS _____

PHONE NUMBER (___) _____ WORK (___) _____

I HEREBY GIVE AUTHORITY TO THE METROPOLITAN YMCA OF THE ORANGES TO CHARGE MY CREDIT CARD FOR MONTHLY PROGRAM PAYMENTS IN THE AMOUNT OF \$ _____ ON THE _____ DAY OF THE MONTH. (Choose either the 2nd or 16th day of the Month)

VISA / MASTER CARD / DISCOVER	EXP. DATE
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AMERICAN EXPRESS	EXP. DATE
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SHOULD I DECIDE TO TERMINATE THIS AGREEMENT OR WITHDRAW MY CHILD(REN) FROM THE PROGRAM, I AGREE TO NOTIFY THE YMCA IN WRITING GIVING ONE MONTH'S NOTICE. AFTER RECEIPT OF WRITTEN NOTIFICATION, THE YMCA WILL END THE PRE-AUTHORIZED CHARGES AGAINST MY ACCOUNT.

THE YMCA RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT SHOULD THE AUTHORIZED CHARGE TO MY CREDIT CARD ACCOUNT BE DECLINED AFTER TWO CONSECUTIVE ATTEMPTS.

PARENT (GUARDIAN) /CREDIT CARD HOLDER'S SIGNATURE	DATE
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Please return this form to:
MetroYMCAs/Wayne YMCA
1 Pike Drive, Wayne, NJ 07470
Fax: 973-595-0100 Tel: 973-595-5234 www.wayneymca.org