



For YMCA Staff Use Only
Confirmation Code: _____
Date: _____ Staff Initials _____

PAYMENT AUTHORIZATION FORM THE GREATER MORRISTOWN YMCA

Please select:

- Start a New Payment Authorization
- Change my Current Payment Authorization
- Make a One-Time Payment
- Charge this card monthly

Please select program:

- Richard Blake
- Children's Corner
- Y-Zone Summer Camp
- Y-Kids After School Care
- GMYMCA Swim Team

Effective date: _____

PLEASE PROVIDE FOLLOWING INFORMATION

CHILD'S NAME: _____

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____

PAYMENT INFORMATION (monthly charges are processed in full between the 1st and 6th of each month)

Visa/MC Exp: Sec Code:

AMEX Exp: Sec Code:

Discover Exp: Sec Code:

House # associated with the card # above: _____ Zip code associated with the card # above: _____

PLEASE PROVIDE FOLLOWING INFORMATION

By my signature, I hereby give authority to the **Greater Morristown YMCA** to charge payment(s) of \$ _____ to the credit card above for childcare/camp fees.

I understand that the **Greater Morristown YMCA** reserves the right to terminate this agreement should the authorization to charge the above credit card account be declined by the authorization center.

Signature: _____

Date: _____

THE GREATER MORRISTOWN YMCA
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