

Central Florida YMCA

Program Bank Draft Form

Parent Last Name First Name M.I. Primary Member Number
Billing Address City State Zip
Home Phone Alt Phone Order Number

Program Type: Water Polo Diving Synchro
Tae Kwon Do
Payment Type: Credit Card Checking Last 4 Digits of account number:
Date to start Program Draft: Total amount of monthly bank draft:

- 1. I understand that I am allowing the Central Florida YMCA to add on to my existing monthly bank draft dues the amount listed above using the account information I have already provided for my membership.
2. Bank drafts are continuous every month regardless of use of the program until the proper change procedure is followed.
3. I understand that I am responsible for canceling this program bank draft and that by canceling my membership it does not automatically ensure this will be canceled.

I understand the above information and agree to abide by all policies and procedures set forth by the Central Florida YMCA (rates are subject to change.)

Account Holder's Signature Date Staff Initials

YMCA Aquatic Center | 8422 International Drive | Orlando, FL 32819 | 407.363.1911



OUR MISSION

The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen the Spirit, Mind and Body.