

CREDIT CARD DRAFT FORM

**NORTHERN MIDDLESEX YMCA
99 Union Street
Middletown, CT 06457
(860) 343 – 6218
Fax: (860) 343-6263**

Credit Card Draft Payment Plan for: **Kids' Korner**

Child's Name _____
(Must be 18 years or older to participate or have a parent/guardian sign this agreement)

Child's school site _____

I authorize the Northern Middlesex YMCA to charge my:

Visa Act # **** - **** - **** - _____ Exp Date _____

MasterCard Act # **** - **** - **** - _____ Exp Date _____

Signature of card holder _____

Print Name _____

Date _____ Effective start date _____

(detach and destroy below this line after data is on record)

Credit Card information

Visa Act # _____ - _____ - _____ - _____ Exp Date _____

MasterCard Act # _____ - _____ - _____ - _____ Exp Date _____