



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HERE FOR YOU PROGRAM PAYMENT FORM

I will be paying for the Here For You Program by: (Circle one)

CASH

CHECK

MONEY ORDER

CREDIT CARD

BANK ACCOUNT DRAFT

Credit Card or Bank Account Draft ONLY!

I hereby authorize the Greater Valley YMCA to initiate credit card charges to the below-referenced credit card account (SECTION A) OR, initiate debit entries to my checking or savings account, indicated below (SECTION B).

SECTION A (Credit Card) Complete A or B only!

Cardholder Name

Phone #

Cardholder Address

City

State

Zip code

Account Number

Type of Card (EX-Visa, MasterCard)

Expiration Date

Cardholder Signature

Date

SECTION B (Bank Account) Complete A or B only!

Your Name

Phone #

Address

City

State

Zip code

Bank or Credit Union Name

Routing Transit Number

Account Number

Checking

Savings

Authorized Signature

Date

[Type text]

GREATER VALLEY YMCA gv-ymca.org