

COMPLETE AND RETURN TO GARRY/MEMBER SERVICE CENTER BY JUNE 1, 2024



TUSCARAWAS COUNTY YMCA
MONTHLY AUTO-PAY AGREEMENT-Gymnastics Team
2024-2025 SEASON

Returning Team Member **New Team Member**

Gymnasts Name: _____ Date of Birth: _____

Please Mark Gymnast's Level: 3 4 5 6 7 8 Xcel

Parent/ Guardian Responsible for Gymnastics Team Payment:

Name: _____ Phone: _____

Address: _____

Email Address: _____

Payment Policy (please read):

- This agreement authorizes the Tuscarawas County YMCA to make automatic withdrawals from your account.
- Please contact the YMCA by the first of each month if you close your account or change your address or banking information.
- You may be disqualified from further participation on the team after two months of non-payment resulting from closed or inactive account information or NSF.
- Any NSF payment may be recovered electronically by the YMCA or through a third-part service if the draft is returned for insufficient funds. There will be an additional amount of \$15 charged for payments returned NSF. This is in addition to any service fee your bank may issue.

See Back for Payment Details, Rates, and Dates.

Payment Information: (Choose One Option)

Use same payment method as my monthly membership draft for Monthly Team Fee and Competition Package.

Please provide last 4 numbers of the account or card on file _____

Monthly Team Fee 3rd or 15th **Competition Package** 3rd or 15th

-OR-

Monthly Bank Draft Option

Monthly Team Fee 3rd or 15th
 Competition Package 3rd or 15th
 July/Aug/Sept or PIF-Sept

Account Type: Checking Savings

Please provide voided check or deposit slip for verification

Name of Bank _____

Routing # _____

Account # _____

-OR- Monthly Credit Card Draft Option

Monthly Team Fee 3rd or 15th
 Competition Package 3rd or 15th
 July/Aug/Sept or PIF-Sept

Credit Card Type: MC VISA DIS AE

Please provide copy of credit card for verification

Name of Bank _____

Name on Card _____

Account # _____

Vcode: _____ Expiration Date: _____

Parent/ Guardian

Signature Required _____ **Date:** _____

MONTHLY GYMNASTICS TEAM FEES

Gymnastics monthly team fee payments cover practice and coaching.

Payment options: Paid in full or Monthly Auto Draft. Forms are due by June 1. Monthly Auto Draft may be done on the 3rd or 15th of the month. A charge of \$15 will be added if an insufficient fund occurs. All accounts must be in good standing for gymnast to practice or compete.

Level	Monthly Fee
Level 3	\$90
Level 4	\$90
Level 5	\$100
Level 6	\$100
Level 7	\$100
Level 8	\$100
Xcel	\$90

Gymnastics Season: June 1-May 31

COMPETITION PACKAGES FEES

This payment covers gymnastics meets, judging fees, etc. for the season.

Competition payments draft in 3 monthly payments (July/Aug/Sept) or paid in full in Sept.

Monthly Auto Draft may be done on the 3rd or 15th of the month.

A charge of \$15 will be added if an insufficient fund occurs. All accounts must be in good standing for gymnast to practice or compete.

Level	Package Amount if Paid in Full	July	Aug	Sept
Level 3	\$300	\$100	\$100	\$100
Level 4	\$375	\$125	\$125	\$125
Level 5	\$375	\$125	\$125	\$125
Level 6	\$435	\$145	\$145	\$145
Level 7	\$435	\$145	\$145	\$145
Level 8	\$435	\$145	\$145	\$145
Xcel	\$375	\$125	\$125	\$125