



### Recurring Payment Authorization Form

New     Delete     Change

Schedule your payments to be automatically charged to your credit/debit card. Just complete and sign this form to get started!

**Here's How Recurring Payments Work:**

By signing this form, you authorize regularly scheduled charges to your credit/debit card. You will be charged the total amount due for that period. Bank account debit will appear on your bank statement as "KINGS BAY YM-YWHA INC BROOKLYN NY" or, if credit card or debit card payment method is selected, you will see a recurring charge to your card. You agree that no prior notification will be provided for recurring payments. **Initially, and anytime your account information changes, we may run a pre-authorization to make sure the card is valid at no cost to you. A pre-authorization is a temporary funds hold, not a true charge. You may see a charge of .10 cents that will get reversed after your account validation. Pre-authorizations will usually only show up on your credit card or banking statement as "pending charges."** A receipt will be emailed or mailed to you based on selected preference.

**Credit Card Processing Fee:**

Yes \_\_\_ Please include 3% optional processing fee for credit card transactions

**Please complete the information below:**

I \_\_\_\_\_, authorize Kings Bay Y to charge credit/debit card as indicated below on the 1<sup>st</sup> day of each month in the amount of \_\_\_\_\_, as listed in my program registration documents, as payments for \_\_\_\_\_. *(Please print full name of attendee)*

I understand that if the above noted payment date falls on a weekend or holiday, the payment may be executed on the next business day.

Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone# \_\_\_\_\_  
E-mail \_\_\_\_\_

Notification Preference  E-mail    Mail    No Notification Needed

In consideration for the services provided by Kings Bay Y to me or program attendees I designate, I hereby authorize the above named organization to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated in this authorization form according to the terms outlined herewith. I understand that the above named organization will provide services as requested by me from time to time and I agree to pay the purchase price for such services, and acknowledge, such amounts shall be collected by electronic debits or deductions by the above named organization. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of transaction being rejected for Non-Sufficient Funds (NSF), I understand that Kings Bay Y may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this debit card/credit card (as applicable), and that I will not dispute the scheduled payments with my financial institution/credit card company, provided the transactions correspond to the terms of our agreement. This authorization is to remain in full force and effect until Kings Bay Y has received written notification from me of its termination in such time, and in such manner as to afford Kings Bay Y and Financial Institution a reasonable opportunity to act on it. I may only revoke this authorization by contacting Kings Bay Y directly at the address and phone number listed above, and only in the case that I return the goods, product and/or service provided to me by Kings Bay Y pursuant to their particular return policy in effect on the date this authorization is granted.

SIGNATURE \_\_\_\_\_

*(Account Owner Authorized Representative Signature)*

DATE \_\_\_\_\_

*Please retain top portion for record keeping*

Charge my Credit Card    Charge my Debit Card

Account Type:  Visa    MasterCard    Discover    American Express    Debit Card

Cardholder Name \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Credit /Debit Card # 

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    Exp. Date 

Mo.	/	Yr.	

CVV (3 digit number on back of Visa/MasterCard or 4 digit number on front of American Express Card) \_\_\_\_\_

*Note: Destroy this account information stub and/ card imprints by crosscut or strip-cut shredding, pulping, burning or equivalent*