

Recurring Payment Authorization Form

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Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings bank account or 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 "ACH Debit" 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. A receipt and periodic statement showing open balance will be emailed or mailed to you based on selected preference. If paying via checking account deduction, you may set up a recurring transfer with your banking institution from your savings/money market account to ensure sufficient funds are available.

Please complete the information below:

I _____ authorize Kings Bay Y to charge my credit/debit card ending in _____ or debit my
(print full name of paying party)
bank account ending in _____ as indicated below on the 1st day of each month in the amount specified in program

registration document(s) as payment(s) for _____.
(print full name of program attendee(s))

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# _____ Alternative Phone# _____ E-mail _____

Notification Preference ☐ E-mail ☐ Mail

In consideration for the goods, products and/or 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 products/services as requested by me from time to time and I agree to pay the purchase price for such products/services, plus any shipping and handling charges, 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 bank account/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 _____ DATE _____
(Account Owner Signature)

☐ Charge my Credit Card

Account Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Our payment agent charges 3.5% fee for credit card transactions. Kings Bay Y does not receive any portion of this fee.

Cardholder Name _____

Cardholder Billing Address _____

Credit /Debit Card #

[illegible]

Exp. Date

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

☐ Debit my bank Account* at the depository Financial Institution named below:

*This form MUST be accompanied by a **Printed Voided Check or Bank Letter***

Account Type: ☐ Checking ☐ Savings

Name on Acct _____

Account Number _____

Bank Routing # (9 digits) _____

Bank Name _____

Bank Address, Bank City/State _____

