SHOREFRONT
YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

Payment Authorization Form

Cardholder's Name: _____

Billing Address _____ Apt _____

City _____ State _____ Zip _____

□ **Credit/Debit Card Authorization**

□ Visa □ Master Card □ Discover Card # _____-_____-_____-_____

Exp Date ____/_____/_____ Security Code # _____

Electronic Fund Transfer (EFT)

□ Checking □ Savings Account Bank & Branch _____

Bank Transit / ABA # _____ Account # _____

* Please enclose a voided check in order to setup Automatic Bank Withdrawal

Authorizing Payment for:

□ Membership
□ Swim Team
□ Youth Sports
□ Other _____
□ Adult Fitness Class
□ After School
□ Early Childhood
□ Summer/Winter Camp
□ Sunday Enrichment Program

Total Program Fee _____ Installment Plan: Amount _____ Months _____

Cardholder Signature _____ Date _____

If I am faxing this form please treat this fax as a copy of my signature on file. I understand that by signing this form I give authorization to the Shorefront YM-YWHA to charge my credit card for the above charges and agree to abide by the policies of the Shorefront YM-YWHA.

Make a difference by supporting the charitable mission and programs at the Shorefront Y.

Would you like to make a tax-deductible donation?

□ **$300**
□ **$250**
□ **$200**
□ **$150**
□ **$100**
□ **$50**
□ **$36**
□ **$18**
□ **Other** _____