



BLUEFINS BANK DRAFT REQUEST

Name: _____ Phone Number: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Bluefins Payment Options (Please check one of the following):

_____ Payment made in full at time of registration. (if your know swimmers group)

_____ 4 Payments First payment of \$50 upon Registration (Oct 5, & Dec 5, & Feb 5)

_____ 6 payments First payment of \$50 upon Registration (Oct 5, Nov 5, Dec 5, Jan 5 & Feb 5)

Boosters and \$25 of your fees is the first payment of \$50. The remainder will be evenly divided into the payment option you choose.

This authority is to remain in full force and effect until all funds have been received. Should any debit not be honored by said bank when received by them, then it is understood that the payment is to be made by me (us) to the COMPANY in the amount of said payment and a \$20.00 return fee.

Signature: _____ Date: _____

(Must be the signature of the person whose name is on the bank account)

*The Cole Center Family YMCA requires a document that verifies the bank account information; please provide this document to the courtesy counter staff when registering for Bluefins.

For Office Use:

Total to be set up on payment plan \$ _____

Total per month \$ _____ Last month if different than the rest.
\$ _____

Staff _____ that _____ scheduled _____ the _____ payments
