GREATER WATERBURY YMCA

| | Ĺ | REDIT/ REFUND REQUEST | | |
|---|-------------|-----------------------------|--------------------|-------|
| Today's Date: | | | Request for: | |
| Name: | | | Credit Card Refund | |
| Address | | | EFT Refund | |
| City: State: Zip: | | | Check Refund | |
| | | · | System Credit | |
| | | | system create | |
| Membership Refund Request | | | | |
| Membership Type | Month | Amount Paid \$_ | Refund Amoun | t \$ |
| Program Refund Request | | | | |
| Program/ Class name | Session | Amount Paid \$ | Refund Amoun | t \$ |
| Program/ Class name | Session | Amount Paid \$ | Refund Amoun | t \$ |
| Program/ Class name | Session | Amount Paid \$ | Refund Amoun | t \$ |
| Reason for Credit/ Refund: | | | | |
| Cancelled Class | | | Refund Den | hai |
| Medical (Must submit Dr's Note) | | | Kerdila Beli | iicu |
| Member's Request | | | | |
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| | | | | |
| PAYMENT RECE | IPT/SUPPORT | ING DOCUMENTS MUS | T BE ATTACHED IN | ORDER |
| | FOR THE REF | UND REQUEST TO BE P | ROCESSED | |
| Memberships are refundable for the following reasons- a) Move out of service area, b) Medical (Need Dr's note) and c) If the program you have signed up for has been canceled and you purchased a membership to participate in that program. Program fees will be credited/refunded in the event the YMCA cancels a class due to insufficient enrollment or a facility conflict and will be processed by the appropriate Program Director. All other requests will be based on when a Program Director is notified: If notified before class begins, 100% credit/refund less \$10 service charge. If notified after one class meeting, 75%credit/refund. If notified after two class meetings, 50% credit/refund. No refunds will be approved after three class meetings. Credits or Refunds will not be given to participants who fail to attend classes. Checks returned for insufficient funds will be subject to a \$25 service fee. All refunds will be processed through our Business Office and checks will be mailed. This may take up to 1 week to process. | | | | |
| Signature of Member | Date | Signature of Staff Taking t | he Request Da | ate |
| Signature of Program Director | Date | Signature of Senior Directo | | ata . |
| Signature of Program Director | Date | Signature of Senior Directo | or Di | ate |
| | CHE | CK REQUEST INFORMATION | N | |
| Today's Date: | | | | |
| Department Account | Amount | Che | ck Number | |
| | | | | |
| | | Mail Check | | |
| | | Return To Director | | |
| | | Pick up at Front Desk | | |
| T-t-I | | <u> </u> | | |
| Total | | | | |
| | | | | |
| | | | | |
| Date Proces | ssed | Processed By _ | | |