

Day Adventure Payment Form

Name of Adven	re:	
Participant Name:		
Contact Number:		
Payment Option Please fill out necessary	formation based on option selected.	
Check		
Deduction from M	Credit Union Account	
Automatic Withdr	ral from another financial institution	
Credit Card (Visa,	asterCard & Discover accepted)	
Payment by Check Checks can be dropped	ff at any branch location, or mailed to:	
MY Credit Union Adver c/o Tara Kingsley 9550 Lyndale Ave S Bloomington, MN 5542	re Club	
Please include the follo	ng information if you are mailing in your check.	
Checks should be made	ayable to: MYCU Adventure Club.	
Check No.	Amount Enclosed:	
	Fredit Union Account Fion to permit MY Credit Union to pull funds from your MY Credit Union accoun	ıt.
Checking:	Dollar Amount:	
Savings:	Dollar Amount:	
I acknowledge these for	ds will be taken from my account	
	Signature	



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Automatic Withdrawal

Fill out the below information to permit MY Credit Union to pull funds from your account at the below named institution.

Account Owner				
Financial Institution Name				
Routing Number				
Account Number				
	Checking	Savings		
Payment Amount				
I acknowledge these funds w	ill be taken from my acco	unt	<u> </u>	
Credit Card			Signature	
Fill out the below information by Visa, MasterCard or Discov				ebit card backed
Cardholder Name			_	
Card Number			_	
Expiration Date		Security Code		
D				
Billing Address				
Street				_
	State			_
Email Address				
I acknowledge these funds w	ill be taken from my acco	unt		
	. ,, 4000	· · <u> </u>	Signature	
For Credit Union Use Only				
Payment Processed On:				