



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Weekly/Monthly Draft Responsibilities

Authority to Draw ACH Debits or Drafts for Childcare Payments

Your Name:
Address:
City, State and Zip:

Child's Name:	Site*:	Amount:\$
Child's Name:	Site*:	Amount:\$
Child's Name:	Site*:	Amount:\$

*Site - Where is your child attending the program? (ex: Vinal, Cole, etc.)

Full Name Of Your Bank:

Checking/Savings Account:

Bank Transit Routing No:	Choose One: <input type="checkbox"/> checking account <input type="checkbox"/> saving account
Depositor's Account No:	Signature of Bank Depositor:

OR

Credit/Debit Card:

Card Number:		
Expiration Date:	CVV:	Full Name on Card:

Authorization:

I hereby authorize the SOUTH SHORE YMCA to charge the amount based on my payment schedule to the Checking/Savings Account or Credit/Debit Card listed above.

- It is my responsibility to notify the YMCA immediately of any account changes or account closing and to provide the YMCA with the current account information.
- The YMCA reserves the right to refuse entrance into the program if payments are delinquent. Full payment of delinquent balance will be required for reinstatement into the program.
- The Business Office will contact you for payment if your draft is declined, plus a service charge will be applied by the YMCA to my bank or credit card company.

I have reviewed the above rules and understand the responsibilities of the weekly/monthly draft as written above.

Authorized Payer's Signature: _____ **Date:** _____