

DECATUR FAMILY YMCA
SCHOOL AGE CHILD CARE
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Print Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit/Debit Card Information:

Card Number: _____ Exp. Date: _____ CVC: _____

Card Type: ☐ Visa ☐ MC ☐ Disc.

Checking/Saving Account:

☐ Checking (please attach copy of a Void Check/Deposit Slip) ☐ Savings

Bank Name: _____ Account Number: _____

Bank Transit/ABA Number: _____

Draft the: Amount of: \$ _____ Program Type of: _____ Start Date of: _____

☐ Weekly, every Friday ☐ Once/month on the 1st ☐ Bi-Weekly (Every Other Week)

Please add \$ _____ to my weekly draft for the So Much More Annual Campaign.

I hereby authorize the Decatur Family YMCA to initiate drafts or any adjustments for any entries in error to credit and/or debit my above indicated account. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law.

It is also agreed that:

Please initial boxes

- ☐ 1. The YMCA Preauthorized Plan is a continuous plan. My payment will continue until I withdraw my child from the program.
- ☐ 2. The YMCA shall incur no liability if the balance in the bank account is insufficient to cover draft or for any reason was uncollectible. **There is a \$25.00 service charge for each returned bank draft or credit card draft.**
- ☐ 3. I understand that it is my responsibility to **notify the YMCA in writing** should I change my account or financial institution at any time.
- ☐ 4. Activity fees, late pickup, and late payment fees will be added to my weekly tuition charge. Activity fees will be posted prior to the activity. If I want to pay for my field trip fees another way, I must do so before my draft.
- ☐ 5. **My weekly tuition rate may change with advance written notice from the YMCA.**
- ☐ 6. My tuition will be drafted as designated above. **I must give information for any changes regarding my draft before the subsequent draft date.**

Signature: _____ Date: _____

For Office Uses:

Children's Names: _____ Split of Funds: _____ Initials: _____