



After-School Program

ELECTRONIC FUNDS TRANSFER/CREDIT CARD CHARGE

I hereby authorize The Family YMCA to initiate an EFT withdrawal of funds from the bank listed below for the payment of After-School Program fees. I understand the fees are debited from my account at the 1st of each month. **I understand that a two weeks notice and an exit survey are required to stop the withdrawal from my bank account.** I agree to notify The Family Y of any changes to the EFT account number listed below. I understand if my EFT is rejected for any reason, my account will be assessed a service fee*. _____ (initials)

OR

I hereby authorize The Family Y to charge the credit card listed below for the payment of After-School Program fees. I understand the fees are charged to my credit card at the 1st of each month **I understand that a two weeks notice and an exit survey are required to stop the credit card charges.** I agree to notify The Family Y of any changes to the credit card number listed below. I understand if my credit card is rejected for any reason, my account will be assessed a service fee*. _____ (initials)

I also understand that my bank account or credit card will be debited for any missing child fees, late pickup fees, or late payment fees at the time such fee has been incurred. _____ (initials)

**All returned payments are subject to a \$5 processing fee. Payments rejected for insufficient funds or a closed account may also be assessed a \$25 NSF fee.*

Child's Name (please print) _____

Name of Account Holder (please print) _____

Billing Address (please print) _____

Please specify bank/credit union _____

Routing number _____

My account number at the above institution is: _____

This account is: ___checking ___savings

OR

VISA ___ MasterCard ___ Discover ___

Card # _____ Exp. date ___/___/___ Card Security Code _____

Signature _____ Date ___/___/___