



**Authorization for Electronic Funds Transfer  
(EFT) for Child Care Payments**

Name/s of Children Served: \_\_\_\_\_ Member ID: \_\_\_\_\_

Is the Primary Member name the same as the name on the account we will be drafting from? (Circle one) YES NO

I hereby authorize my financial institution to honor pre-authorized drafts drawn by the YMCA on my account for child care payments and when my financial institution honors such drafts by charging my account this shall constitute my receipt for payment. I further stipulate to the following conditions:

- **Drafts continue during the enrollment period for which you have signed up.** School year and summer are considered *separate* enrollment periods. (One does not carry over to the other).
- **I understand that I must give the YMCA adequate notice prior to draft to cancel program registration.** There is no penalty for cancelling child care services as long as it is done at least 3 days prior to the 1<sup>st</sup> of the month services are to be terminated. After that, a \$20 minimum processing fee will be retained from refunded amount (or charged to your account if unpaid) along with fees for any days used.
- **I understand that if I choose to draft on due dates (1<sup>st</sup> of each month) my deduction will take place within the service month. If I choose an alternate date, these drafts MUST OCCUR the month prior to service month (fees deducted are for NEXT MONTH).**
- **I understand I am personally responsible for any draft payments** not honored by my financial institution or other fees for any reason and agree to pay a \$15.00 service charge on ALL returned drafts.
- **I understand that returned draft payments are in addition to child care late fees.**
- **I understand that the YMCA may increase program fees** and will notify me in advance of any increases to my monthly draft amount.

*I hereby acknowledge I have read and agree to the conditions stated above.*

\_\_\_\_\_  
Signature of **Holder** of Bank Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name on Account **PLEASE PRINT**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Bank Transit/Routing Number

\_\_\_\_\_  
Account Number

Drafting from:  Checking  Savings  Visa  MC

\_\_\_\_\_  
Expiration Date (Debit/Credit Transactions Only)

**Payment Schedule Options (Choose One)**

- Payments made on due dates (1<sup>st</sup>)     Monthly payments on day\_\_\_ (Will occur month prior to service)

**\*If you do not choose a payment schedule, your drafts will occur on the 1st of each month.**

**A VOIDED check OR COPY of credit card is required with all bank draft applications.**

