

After-School Enrichment 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 week 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 week 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*. I understand that I will be charged a 2% fee for each credit card transaction. (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:checkingsavings	
VISA MasterCard Discover	

Card # _____ Card Security Code _____

Signature _____ Date ____/ ___/