

**YMCA of Greater Cincinnati
Automatic Payment Authorization Form**

Child's Name: _____

Site Name: _____

Parent Name: _____ Phone: _____

Email: _____

Bank Authorization Form

Payments are due no later than Friday for the following week of care/service. Failure to make payments by the scheduled due date may result in late fees of \$10 per child/per week and/or removal from the program until fees have been paid.

Please select a payment schedule:

Weekly (Select Day Below)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Monthly on the _____ of each month

I authorize my bank to honor pre-authorized drafts drawn by the YMCA of Greater Cincinnati on my account for child care payments according to the schedule above. It is understood that my draft will be continuous through the program enrollment period until written cancellation is received by the YMCA.

Initials _____

When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus a service charge.

Initials _____

If at any time there is to be a change, deletion or cancellation of my program, it is to be submitted in writing to the YMCA 10 days prior to my scheduled payment. Failure to do so may result in that payment being non-refundable.

Initials _____

I understand that the YMCA reserves the right to resubmit any returned payments plus any applicable service charge and that two consecutive returns may result in removal from the program until all past due balances are paid in full.

Initials _____

Credit Card Information

Card Type: Visa MasterCard AmericanExpress

Name on Account

Card Number

____ / ____
Expiration

Checking/Savings Account Information

(A voided check or letter from the bank with routing and account number is required.)

Name on Account

Routing Number (9 Digits)

Account Number

Signature

Date