

## AUTHORITY TO DRAW EFT OR CREDIT CARD FOR SCHOOL AGE CHILD CARE WEEKLY PAYMENTS

NAME ON EFT ACCOUNT / CREDIT CARD HOLDER

BILLING ADDRESS

ACCOUNT HOLDER'S ADDRESS

Please choose ONE of the following forms of payment that you would like to use for your membership:

|   |                                  |                                      |  |
|---|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> VISA             |                                  | Name and City of Banking Institution |  |
| <input type="checkbox"/> MASTERCARD       | Last four numbers of credit card |                                      |  |
| <input type="checkbox"/> DISCOVER         |                                  | Account Number                       | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
| <input type="checkbox"/> AMERICAN EXPRESS | Expiration Date                  | Bank Routing Number                  |  |

I have given authority to my bank listed above to honor preauthorized debits drawn by you on my account for SACC weekly payments as indicated above. It is understood that your sending of preauthorized debit to the bank as a payment becomes due shall constitute valid notice of such payment due. When the bank honors the draft by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized debit not be honored by said bank when received by them, then it is understood that the payment and any administration fees are to be made by me in the amount of said payment.

**REQUIRED DOCUMENTATION:** Voided check, copy of check, or letter from banking institution with account number and bank routing number are required at the time of registration.

Signature of Account Holder

Date

## YMCA OF DODGE COUNTY AUTHORITY OF DRAW AGREEMENT

1. I understand that this agreement will remain in effect while my child remains a participant in the School Age Child Care (SACC) Program.
2. It is my complete understanding that if I wish to terminate or change the number of days my child is enrolled, I must give a **2 WEEKS WRITTEN NOTICE** to the YMCA.
3. I understand the YMCA will do weekly EFT or Credit Card Draws on each Friday beginning the first billing week my child attends the SACC program.
4. I understand that fees will not be prorated for partial attendance.
5. Should my preauthorized debit not be honored by said bank when received by them, then it is understood that the payment and any administration fees are to be made by me in the amount of said payment.
6. There is a \$30 administration fee for any returns from the bank, including but not limited to insufficient funds.
7. Child swipe cards remain the property of the YMCA of Dodge County and must be surrendered upon demand.

Parent/Guardian Signature

Date

Staff Signature

Date