YMCA Learning Center

Agreement for Pre-authorized Child Care Payments

Parent/Guardian Name: _____

Child(ren)'s Name(s): _____

Mailing Address: _____

Name of Bank: _____

*I hereby authorize Southeastern Indiana YMCA to initiate debit entries to my checking/savings account to honor pre-authorized checks drawn by you on my account for child care payments. This authority is to remain in effect until the YMCA Learning Center has received written notification from me.

☐ Checking ☐ Savings	Depositor's Account Number:	Bank Transit/ABA Number:

☐ Credit Card	☐ Use card on file	If using an new/updated payment method
		Credit Card Number:
		Exp. Date:
		CVV:

Initial the following statements in acknowledgement

	Your tuition is due continuously until a written two week notice has been received by the applicable director.
	Your tuition will be drafted each Monday for child care payments.
	A $25.00 fee will be applied for any non-sufficient funds (NSF) occurrence.
	Care will be terminated for unpaid balances exceeding two weeks. Care may be suspended for reoccurring negligence of late payment.

I have read all of the conditions above and note my agreement with my signature.

_____

Printed name of Parent/Guardian

_____ _____

Signature of Parent/Guardian **Date**