

Y Time Auto-pay Authorization 2016-2017 School Year

Parents' Names: _____

Children covered by this authorization: _____

Attends: Davis Flanders St. Joseph

I authorize my bank to honor preauthorized payments to be drawn by the Malone YMCA from my account for Y's Time child care payments as indicated below. When the bank honors the payments by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized payment not be honored by the bank, I understand it is my responsibility to pay the amount agreed upon in person, plus a service charge. It is further understood that if such payment is not honored by the bank or credit card institution, the YMCA, at its discretion, may resubmit the amount due for the payment at a future date. I understand this deduction will take place each Friday before the week my child(ren) attend. This will occur each Friday until the end of the school year unless I make a change in writing. I understand that I must call the YMCA by Thursday evening if a temporary change in attendance is to be made for the following week.

Signature: _____

Deduction Amount: _____

Days of the week attending on a regular basis: M T W TH F

Will your child be attending half days? Y N

EFT information

Bank Name:	
Name on Account:	
Bank Routing Number:	
Account Number:	
Signature:	Date:

Credit Card Information

Credit Card Type:	Visa	Mastercard
Card Holder's Name:		
Billing Address:		
Card #:	Exp. Date:	CVC:
Signature:	Date:	