

Ann Arbor YMCA – Child Care Services Monthly Automatic Payment Agreement

Child(ren) Name(s): _____
 School/Child Care Site Name: _____
 Name(s) of Parent(s)/Guardian(s): _____
 Mailing Address: _____
 City: _____ MI Zip: _____ Phone: _____
 Amount of Child Care Fee: \$ _____ per month

AGREEMENT:

1. The Ann Arbor YMCA monthly debit is a continuous payment plan and will be processed on the **20th of each month**. I understand that this plan will remain in effect until I wish to terminate my YMCA Child Care or until the end of the school year (school-age care only).
2. I authorize the Ann Arbor YMCA to draft my account for any late pick-up charges which I may incur while participating in the Child Care programs.
3. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the Ann Arbor YMCA Child Care Office 30-DAYS WRITTEN NOTICE prior to my next debit date. If proper notice is not received, I will be held responsible for tuition regardless of whether or not my child attends the Ann Arbor YMCA Child Care program.
4. Should any debit not be honored by my bank/credit card company for any reason, I understand that I am still responsible for the payment, plus a \$20.00 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card company may require.

Please select one of the following automated payment types:

CREDIT CARD DRAFT:		
Credit Card Type (please circle):	VISA MASTERCARD	DISCOVER
Name of Cardholder (as it appears on the card): _____		
Card Number: _____ - _____ - _____ Exp. Date of Card: _____		
I (we) hereby authorize the Ann Arbor YMCA to debit the above credit card on the date and for the amount indicated each month for my child care services.		
_____ Card Holder's Signature		_____ Date
BANK DRAFT:		
Depository Name (Bank): _____		Account Number: _____
Routing/Transit Number: _____		
Name(s) on Account (please print): _____		
I (we) authorize the Ann Arbor YMCA to initiate debit entries to my/our account on the date and for the amount indicated each month for my child care services. Please provide the Ann Arbor YMCA with a check marked VOID.		
_____ Authorizing Signature(s)		_____ Date
Ann Arbor YMCA Staff Signature:		Date:



Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind & body for all.

