YMCA of Western Stark County

Automatic Payment Plan *(automatic payments from a bank account or credit card)*

Participant's Information

Child's Last Name: _____ First Name: _____

Site/Location: _____ Program: _____

Do you receive assistance from the Dept. of Jobs and Family Services for Child Care? ○**NO** ○**YES**

Billing Information (This person MUST sign this form below)

Last Name: _____ First Name: _____

Phone: _____ Second Phone: _____

Draft Authorization

Form of Payment

I authorize automatic payments of my child care fees (see amount on Schedule & Payment Agreement). The drafts will occur automatically until contract is expired or terminated in writing. A minimum of 7 days' notice is required.

❑ Credit/Debit Card

Name on Account: _____

Card Type: ❒ MasterCard ❒ Visa ❒ Discover

Account Number: _____

Expiration Date: ____/____

❑ Bank Account (attach voided check/statement)

Name on Account: _____

Account Type: ❒ Savings ❒ Checking

Routing Number: _____

Account Number: _____

Schedule of Payments

Weekly (pick one)

❒Mondays ❒Tuesdays

❒Wednesdays ❒Thursdays

❒Fridays

OR

❒ Monthly (circle only **one** date)

❒ Semi-monthly (circle any **two**) same date(s) each month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Agreement

1) Automatic payments are scheduled at or before each week/month starts. Sunday payments are for the current week, Friday payments pay for the next week, and monthly payments are for all the Mondays on or after the day of the month chosen and each Monday until the next payment.
2) In the event my preauthorized payment is not honored on my scheduled draft date the YMCA may charge a $15 penalty for returned/late payments in addition to any charges assessed by your financial institution.
3) It is further understood that if payment is not honored, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.
4) Two or more returned payments may result in termination or require payment in full for the year.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

● **Signature**: _____ **Date**: ____/____/____

Site Use Only	**Business Office Use Only**
Daxko Unit ID number: _____	Auto Payments Entered by: _____ Date: _____
JFS approval through what date: _____	❒Copy Attached OR ❒Written Used OR ❒In Daxko