



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CHILDCARE PAYMENT AGREEMENT

Name of Child(ren): _____

Parent / Guardian Last Name: _____ First Name: _____
 Address: _____ Email Address: _____
 City: _____ State: _____ Zip Code: _____

-FILL OUT INFORMATION BELOW-

Payment through electronic funds transfer		
___ Checking Account (attached voided check)	Routing #: _____	Accounting#: _____
___ Visa ___ MC ___ Discover	Card#: - - -	Expiration Date: / /
Payment Amount \$		
Name on Account (if different from above: _____)		
Billing Address (if different from above): _____		
Dates of withdrawals if care is not ongoing: _____		
<p>1) I authorize the Y to debit \$ _____ from the above listed account on Wednesday of each week. If the Wednesday is a holiday the debit will occur on the next banking business day.</p> <p>(Please Initial _____)</p>		
<p>2) If my childcare payment should not be honored, I realize I am responsible for the childcare payment and a service charge applied by the YMCA.</p> <p>(Please Initial _____)</p>		
<p>3) I agree to give the Y two weeks' notice of any change to my child's attendance in Y care or a change to the above listed account information.</p> <p>(Please Initial _____)</p>		
<p>4) The YMCA may, adjust weekly rates applicable to my category of childcare. I understand that notice of any change will be mailed to my address of record at least four weeks prior to any change.</p> <p>(Please Initial _____)</p>		
My below signature acknowledges that I have read and agree to the above:		
Authorized Signature: _____ Date: ____/____/____		

FOR OFFICE USE ONLY:	DATE FORM REC'D: ____/____/____	DATE ENTERED: ____/____/____
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