



Automatic Payment DeductionResponsibilities

Authority to Draw ACH Debits or Drafts for Childcare Payments

|  |
| --- |
| Your Name: |
| Address: |
| City, State and Zip: |

|  |
| --- |
| Child’s Name: \*Site: SSNSC Amount:$ |
| Child’s Name: \* Site: Amount:$  |
| Child’s Name: \*Site: Amount:$  |

\*Site – Where is your child attending the program? (ex: ELC, Bethel, Cole, etc.)

**Checking/Savings Account:**

|  |
| --- |
| Full Name Of Your Bank: |
| Bank Transit Routing No: | Choose One: [ ] checking account [ ] saving account |
| Depositor’s Account No: | Signature of Bank Depositor: |

***or***

**Credit/Debit Card:**

|  |
| --- |
| Card Number: |
| Expiration Date: | CVV: | Full Name on Card: |

**Authorization:**

I hereby authorize the SOUTH SHORE YMCA to charge the amount based on my payment schedule to the Checking/Savings Account or Credit/Debit Card listed above.

* It is my responsibility to notify the YMCA immediately of any account changes or account closing and to provide the YMCA with the current account information.
* The YMCA reserves the right to refuse entrance into the program if payments are delinquent. Full payment of delinquent balance will be required for reinstatement into the program.
* The Childcare Business Office will contact you for payment if your automatic payment is declined. A service charge will be applied by the YMCA to my bank or credit card company.

**I have reviewed the above rules and understand the responsibilities of the Automatic Payment Deduction.**

**Authorized Payer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective Date of Change:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_**