



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EDWARDSVILLE YMCA PRESCHOOL ACH/CC AUTOMATIC PAYMENT FORM

NAME (AS SHOWN ON ACCOUNT): _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME OF CHILD IN PRESCHOOL (ONE FORM PER CHILD): _____

METHOD OF PAYMENT

CHECKING (PLEASE ATTACH A VOIDED CHECK)	OR	CREDIT CARD / DEBIT CARD (CIRCLE ONE)			
FINANCIAL INSTITUTION		FINANCIAL INSTITUTION			
STAFF USE ONLY: ACCOUNT NUMBER		TYPE (CIRCLE ONE)			EXPIRATION DATE
STAFF USE ONLY: ROUTING NUMBER		MASTER CARD	VISA	DISCOVER	/
		ACCOUNT NUMBER (16 DIGITS)			
		-	-	-	

NAME AS IT APPEARS ON CHECKING ACCOUNT OR CREDIT CARD: _____

PLEASE INITIAL TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING POLICY:

- ___ I give authority for the Y to draft my account on 1ST business day of the month that my child attends preschool.
- ___ I understand the monthly draft payment plan is a continuous 9 month plan that is in effect during the preschool year, with the first draft on September 3RD, 2019 and the last draft on May 1ST, 2020.
- ___ I understand that if I choose to terminate or change the automatic payment plan, I must provide the Y with at least a two week written notice.
- ___ I understand that if my payment is not honored by my bank for any reason, I will still be responsible for that payment, as well as a \$15 return fee. The \$15 fee will be added to the amount drafted on the next draft date.
- ___ I understand that it is my responsibility to check my bank/credit card statement and report any discrepancies within 30 days of the draft in question.

Account Holder Signature

____/____/____
Month Day Year

Staff use only this section:	
Begin Draft Date: ___ / ___ / ___	Amount To Be Drafted: _____
Staff Signature: _____	Date: _____