



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

<b>CHECKING</b> (PLEASE ATTACH A VOIDED CHECK)	<b>OR</b>	<b>CREDIT CARD / DEBIT CARD (CIRCLE ONE)</b>			
		FINANCIAL INSTITUTION			
		TYPE (CIRCLE ONE)			EXPIRATION DATE
		MASTER CARD	VISA	DISCOVER	/
		ACCOUNT NUMBER:			

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 1<sup>ST</sup> 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 1<sup>ST</sup>, 2021 and the last draft on May 2<sup>ND</sup>, 2022.
- \_\_\_ 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: \_\_\_\_\_