

Payment Authorization Agreement

I authorize the YMCA of Ross County to initiate electronic entries to my financial institution named below to debit my account.

Checking Account Savings Account

MasterCard Visa Discover

PLEASE COMPLETE FORM IN FULL

Bank Information

Bank or Credit Card Company _____

City, State, Zip _____

Routing/Transit Number _____

Account Number _____

Credit Card Number _____

Credit Card Expiration Date _____

Name on Bank Account or Credit Card _____

Your Information

Parent/Guardian _____

Parent/Guardian DOB __/__/____

Address _____

City/State/Zip _____

Email _____

Work Phone _____

Cell Phone _____

Child(ren)'s Name _____

Child(ren)'s Membership Status _____

Child Care Participation: (Please Circle)

Monday Tuesday Wednesday Thursday Friday

Second Child Discount? Yes__ No__

Parent/Guardian Signature _____

Staff Signature _____

Terms And Conditions

1. I authorize the YMCA of Ross County to withdraw sufficient funds to pay my regular child care fees and/or child care related fees that are due and payable.
2. If for any reason my account does not have sufficient funds to cover the debits authorized herein, YMCA will redraft up to two more times to collect these fees. After all draft attempts have been exhausted, I agree that I am still responsible for payment, a service charge to the YMCA in the amount of \$ 30 and any service fees charged by the financial institution involved.
3. In the event I wish to revoke this authorization, I may do so at any time providing written notice to the YMCA. After written notice is signed, fees will be drafted out for the next two (2) Wednesdays.
4. All child care payments are non-refundable and nontransferable. The YMCA reserves the right to increase child care costs with notification.
5. I understand and will adhere to the YMCA of Ross County's Child Care payment policy as written.

Updated: 9/9/2024

Date _____

Date _____