



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ann Arbor YMCA – Child Care Services Monthly Automatic Payment Agreement

Child(ren) Name(s): _____
School/Child Care Site Name: _____
Name(s) of Parent(s)/Guardian(s): _____
Mailing Address: _____
City: _____ MI Zip: _____ Phone: _____
Amount of Child Care Fee: \$ _____ per month

AGREEMENT:

1. The Ann Arbor YMCA monthly debit is a continuous payment plan, and **fees are due on the 1st of each month**. I understand that this plan will remain in effect until I wish to terminate my YMCA Child Care or until the end of the school year (school-age care only).
2. I authorize the Ann Arbor YMCA to draft my account for any late pick-up charges which I may incur while participating in the Child Care programs.
3. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the Ann Arbor YMCA Child Care Office 30-DAYS WRITTEN NOTICE prior to my next debit date. If proper notice is not received, I will be held responsible for tuition regardless of whether or not my child attends the Ann Arbor YMCA Child Care program.
4. Should any debit not be honored by my bank/credit card company for any reason, I understand that I am still responsible for the payment, plus a \$20.00 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card company may require.

CREDIT CARD DRAFT:

Credit Card Type (please circle): VISA MASTERCARD DISCOVER

Name of Cardholder (as it appears on the card): _____

Card Number: _____-_____-_____-_____ Exp. Date of Card: _____

I (we) hereby authorize the Ann Arbor YMCA to debit the above credit card on the date and for the amount indicated each month for my child care services.

Card Holder's Signature

Date

BANK DRAFT:

Depository Name (Bank): _____ Account Number: _____

Routing/Transit Number: _____

Name(s) on Account (please print): _____

I (we) authorize the Ann Arbor YMCA to initiate debit entries to my/our account on the date and for the amount indicated each month for my child care services. Please provide the Ann Arbor YMCA with a check marked VOID.

Authorizing Signature(s)

Date

Ann Arbor YMCA Staff Signature: _____ Date: _____