



FAIRFIELD YMCA Child Care Payment Authorization Form

All child care participants must fill out this form, choosing one of the four payment options. Form must be turned in upon registration for child care.

Childs' Name _____ Parent Name _____

Program Attending _____

Payment options (check choice):

_____ Pay using automatic **Credit Card** draft, which will charge your account on the 20th of each month prior to services rendered. *Authorization signature required below.*

_____ Pay using automatic **Bank Account** draft, which will charge your checking or savings account on the 20th of each month prior to services rendered. *Authorization signature required below.*

_____ Pay for school year **In Full** on this date _____, using the authorized draft payment information below. *Authorization signature required below.*

_____ Pay with **Cash** or **Check**, due on the 20th of each month prior to services rendered.

Failure to pay balance by the 1st of the service month will result in a \$20 late payment fee and interruption of your services.

Authorization for Automatic Draft Payments

I, _____, hereby authorize the Fairfield YMCA to charge the account listed below either a) on the date indicated above for Paid In Full participants or b) on the 20th of each month prior to services rendered for the Automatic Draft participants, as payment for Child Care.

I authorize my bank to honor pre-authorized Electronic Funds Transfers (or credit card charges) against my account for payments as indicated below. When the bank honors the EFT or credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT or credit card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a **return fee of \$20.00**. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Please choose from the following options.

I choose to utilize the Bank Account (EFT) draft from my Checking _____ or Savings _____

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

I choose to utilize the Credit Card draft from my Visa _____ or MasterCard _____

Card Holders Name _____ Account Number _____

Expiration Date _____ Security Code _____

Authorized Signature _____ Date _____

Financial assistance is available to those who qualify. All applicants are required to pay the deposit in order to guarantee a spot in a specific child care program.