

# YMCA of Orange County – Child Care Electronic Funds Transfer (EFT) Authorization Form



Account Holder Name (Please Print) First/Last \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Child(ren)'s Name(s) First/Last \_\_\_\_\_

YMCA Program Center \_\_\_\_\_

INITIAL SET UP OF EFT

CHANGE OF EFT INFORMATION

### AUTHORIZATION STATEMENT:

I hereby authorize the YMCA of Orange County to initiate debits from the Bank/Card Account indicated below, to debit the monthly child care tuition on the 25<sup>th</sup> of each month for the following month's tuition. I further understand and agree to pay the Non-Refundable registration fee (\$50-One child, \$75-Two or more children) upon enrollment/re-enrollment. Applicable tuition is also due upon enrollment. Tuition fees will not be refunded without 30-days written notice.

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CARD HOLDER NAME (Please Print): \_\_\_\_\_

TYPE OF CARD: \_\_\_\_\_ ISSUER: \_\_\_\_\_

BANK ACCOUNT:

If change, and submitted after the 10<sup>th</sup> of the month please include payment for next month

PLEASE ATTACH VOIDED CHECK

Monthly Tuition \$ \_\_\_\_\_

First Transfer Date: \_\_\_\_ / 25 / \_\_\_\_

This authority is to remain in effect until the YMCA receives **written notification** of its **termination** from the under signed party, and I understand that it is my responsibility to notify the YMCA **30 days** prior to my billing date. It is also my responsibility to assure the YMCA has received my written notice. **If the YMCA does not receive this information within the 30 days, I will be accountable for all related charges and fees.** I further understand that I am responsible for a **\$25 service charge** for any payments via Check or Electronic Funds Transfer that do not clear my account.

Written notification regarding fee increases and service charge increases will be given to current members 30 days in advance of effective EFT date. The YMCA usually implements a fee increase annually.

\_\_\_\_\_  
Account Holder Signature Date

**30 Day Written Notice Required for Program Drop. No refunds or credits will be issued.**

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For Office Use Only: Mbr# \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_