Child Care

Lakeland Hills Family YMCA
Monthly Credit Card Draft Payment Plan Authorization

The Credit Card Draft Payment Plan is a continuous child care payment. Authorization will remain in effect through the end of the program(s) named below or until proper cancellation is received. On new enrollments, program deposits and first month's payment must be made by cash, check or credit card.

INITIALS

_____ 1. I hereby authorize the Lakeland Hills Family YMCA to charge the credit card referenced below on a monthly basis:
___ Visa ___ Master Card ___ American Express ___ Discover
Last 4 digits ____ ____ ____ ____ Expires ____/____ Security Code _____

_____ 2. Charges made will be for fees for the following child(ren) in the following programs:

ID #*	First Name	Last Name	Program
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ 3. I understand that the draft(s) to my account will take place on or about the 1st of each month and it is my responsibility to check my credit card statement and report any discrepancies to the Childcare Bookkeeper within 15 days of the draft in question.

_____ 4. I understand that in order to cancel this authorization I must notify the Childcare Bookkeeper in writing. Notifications must be received no later than the 15th of the month prior to avoid being drafted again.

_____ 5. I understand that any cancellation of this payment plan will not be interpreted as withdrawal from the program and that in accordance with the program's policy, any notice of withdrawal must be submitted to the Program Director and will be subject to program cancellation policy with regard to fee responsibility and refunds.

_____ 6. I understand that I am financially responsible for all payments from my account in order to retain program services. Should my monthly amount not be honored by my credit card account for any reason, I agree to be responsible for that payment plus a $25.00 service charge assessed to the YMCA as well as any late payment fee that may apply.

_____ 7. I understand that it is my responsibility to notify the YMCA of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 15 days in advance of the draft date.

_____ _____
Card Holder Name (print) Card Holder Signature

* YMCA staff will complete ID numbers

OFFICE USE ONLY

First Draft Date: _____ Draft Amount: _____

Entered by: _____ Date: ___/___/___ Verified by: : _____ Date: ___/___/___

CARD HOLDER MUST COMPLETE IF NOT SUBMITTING IN-PERSON

If you are not submitting this authorization in person with the credit card present to be scanned, you must also supply us with the complete credit card information on this stub – upon entry into our database, the stub will be shredded and all future references to this card will be made based solely on the information given above.

___ Visa ___ Master Card ___ American Express ___ Discover

Card Number _____ Expires ____/____ Security Code _____

_____ _____
Card Holder Name (print) Card Holder Signature