Greater Lockport Family YMCA Childcare Electronic Withdrawal Agreement Form 2011-2012

(Complete one form for each family)

(Gray portion to be completed by Y-Staff, White portion to be completed by Parent)

Today's Date: _____/_____/_____

Staff Assisting: _____

Membership ID # _____

Participant's Information

1.)Child's Last Name: _____ First Name: _____
2.)Child's Last Name: _____ First Name: _____
3.)Child's Last Name: _____ First Name: _____
4.)Child's Last Name: _____ First Name: _____
School Site:_____

Billing Information (This person MUST sign this form below)

Last Name: _____ First Name: _____ Date of Birth:_____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Email:_____

Employer: _____ Work/Cell Phone: _____

Employers Address: _____ City: _____ State: ____ Zip Code: _____

Bank Draft Authorization

Primary Form of Payment

I authorize a Bank Draft for the total amount of weekly fees per School Age Childcare Registration Form. The draft will occur weekly/monthly until contract is expired or terminated in writing. A minimum of 30 days notice is required.
Weekly fees will be drafted on the weekly due date (Thurusday of previous week) or monthly fees will be drafted on the first day of each month. (Example: Weekly Draft - Week of September 7 will be drafted on September 3 or Monthly Draft - September Child Care payment will be drafted on September 1.)

❑ Credit Card Details (attach copy of credit card)
Name on Account: _____
Card Type: ❒ MasterCard ❒ Visa ❒ American Express ❒ Discover
Account Number: _____
Expiration Date: _____/_____

❑ Bank Account Details (attach voided check/statement)
Name on Account: _____
Account Type: ❒ Savings ❒ Checking
Routing Number: _____
Account Number: _____

Secondary Form of Payment

This account will be used only when the Primary Form of Payment is returned. It will be drafted automatically with a $20 fee.

❑ Credit Card Details (attach copy of credit card)
Name on Account: _____
Card Type: ❒ MasterCard ❒ Visa ❒ American Express ❒ Discover
Account Number: _____
Expiration Date: _____/_____

❑ Bank Account Details (attach voided check/statement)
Name on Account: _____
Account Type: ❒ Savings ❒ Checking
Routing Number: _____
Account Number: _____

Third Party Payer Agreement

❑ _____ ❑ _____ ❑ _____

I understand and agree to the supplementary "Third Party Payer Agreement."

Agreement – PLEASE INITIAL

_____ 1. Monthly payment will be drafted on the First of each month and vary per number of weeks in the month. If payment is not received by the fifth day of care, the child will no longer be allowed to participate in the program until fees are paid in full.

_____ 2. Weekly payment will be drafted on the weekly due date, the Thursday prior to attendance. If payment is not received by the fifth day of care, the child will no longer be allowed to participate in the program until fees are paid in full.

_____ 3. Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur a $20 returned payment fee. This is in addition to any fees charged by the bank. In the event a payment is returned we will automatically redraft, using the second form of payment and will include a $20 return payment fee.

_____ 4. Two or more returned drafts in a school year may result in termination from the program or require payment in full for the remainder of the school year.

_____ 5. There will be no refund of fees for non-attendance or cancellation. There is a minimum of thirty days written notice required for all cancellations and changes to School Age Childcare Payment Agreement.

_____ 6. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____ **Date:** _____/_____/_____

Site Use Only

❑ Accepted by: _____
❑ Fees Collected by: _____

Business Office Use Only

❑ Entered/Receipted by: _____