

# Greater Lockport Family YMCA Childcare Electronic Withdrawal Agreement Form 2010-2011

(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 # _____
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**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 (Thursday 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.)

<input type="checkbox"/> Credit Card Details (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ / _____	<input type="checkbox"/> Bank Account Details (attach voided check/statement) Name on Account: _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking Routing Number: _____ Account Number: _____
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**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.

<input type="checkbox"/> Credit Card Details (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ / _____	<input type="checkbox"/> Bank Account Details (attach voided check/statement) Name on Account: _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking Routing Number: _____ Account Number: _____
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**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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>Site Use Only</b> <input type="checkbox"/> Accepted by: _____ <input type="checkbox"/> Fees Collected by: _____	<b>Business Office Use Only</b> <input type="checkbox"/> Entered/Received by: _____ Childcare Electronic Withdrawal Agreement Revised 7/12/2010
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