



CHILDCARE EFT AUTHORIZATION FORM

I hereby authorize the Greater Burlington YMCA to automatically transfer my periodic childcare tuition payment from the checking, savings, or credit card account listed below for Child Name(s): _____

CHOOSE ONE:

_____ Checking Account (must attach voided check or copy of)

_____ Savings Account (must attach savings deposit slip)

_____ Credit Card Account (VISA, MasterCard, American Express)

_____ Credit Card Number

_____ Expiration Date

_____ Card ID (on back)

Please choose one:

_____ Weekly transfer, to occur every Friday for the following week

_____ Monthly transfer, to occur the 1st business day of the month for entire month's tuition

If I decide or need to make any changes to the provided information, I will notify the Greater Burlington YMCA to ensure my child care account does not fall into arrears.

Name _____

Billing Address _____

City _____

State _____ Zip Code _____

Signature _____ Date _____

**Return the authorization form to Alicia O'Gorman, YMCA
266 College St, Burlington, VT 05401 or fax to 802-660-8689.**