



Child Care 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:

_____ Use information and payment schedule currently in place

_____ Checking Account (must attach voided check or copy)

_____ Savings Account (must attach savings deposit slip)

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

Credit Card Number

Expiration Date

Card Security Code
(On back of Credit Card)

Please choose one:

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

_____ Monthly transfer, to occur the 1st business day of the month

If I decide or need to make any changes to the provided information, I will notify the Greater Burlington YMCA Business Systems Office to ensure my child care account does not fall into arrears. I understand if my payment is declined, the Y will attempt to reprocess it one time before contacting me. I have read and understand the Greater Burlington Y Financial Policies.

Name _____

Billing Address _____

City _____ Phone Number _____

State _____ Zip Code _____

Signature _____ Date _____

Please return the authorization form to: Attn: Lindsay Austin-Hawley, Greater Burlington Y, 298 College St, Burlington, VT 05401 or email to the Business Systems Office at BOffice@gbymca.org.