



## 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 of)

\_\_\_\_\_ Savings Account (must attach savings deposit slip)

\_\_\_\_\_ Credit Card Account (VISA, MasterCard, American Express)

\_\_\_\_\_ Credit Card Number

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Card ID

(On back Visa & MC, front of AMEX)

Please choose one:

\_\_\_\_\_ Weekly transfer, to occur every Friday for the following week

\_\_\_\_\_ 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 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# \_\_\_\_\_

(For questions or clarification)

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return the authorization form to Graham Gowen, Greater Burlington Y, 266 College St, Burlington, VT 05401 or fax to 802-660-8689 if not returned with completed application.**