



Child Care EFT Authorization Form

I hereby authorize the Greater Burlington YMCA to automatically transfer my periodic child care tuition payment from the checking, savings, or credit card account listed below for:

Child's Name / Children's Names: _____

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 (VISA, MasterCard, American Express, Discover)

Credit Card Number _____ Exp Date _____ Security Code _____
(3 numbers on back of 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 YMCA Financial Policies.

Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____

Signature _____ Date _____

Please return the authorization form to:

Attn: Business Systems Office, Greater Burlington YMCA, 298 College St, Burlington, VT 05401
or email: BOoffice@gbymca.org.