



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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

Child Name(s): _____

Choose *one*:

_____ Use billing method and payment schedule currently in place

_____ EFT (electronic funds transfer) via bank account withdrawal (ACH)

Type of Account: Checking Account Savings Account

Routing Number: _____

Account Number: _____

_____ Debit or Credit Card*

Card Number: _____ Expiration Date: _____ Security Code: _____

*Please note that a 2.5% service fee will be added to all card transactions.

The following information is required:

Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

If I wish to make any changes to the information provided, I will notify the Business Office of the Greater Burlington YMCA to ensure my child care account does not fall into arrears. I understand if my payment is declined, the Y may attempt to re-process it one time before contacting me. I have read and understand the Greater Burlington YMCA's Financial Policies.

Signature: _____ Date: _____

Please return the authorization form to: Attn: Business Office, Greater Burlington YMCA, 298 College St., Burlington, VT 05401 or email to the Business Office at boffice@gbymca.org