



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Child Care Payment Authorization Form

The Fairfield YMCA strives to meet the needs of families! Due to the checking account (EFT) or credit card draft plan, fees are automatically paid on time which means no late fees. Strict confidentiality of this information will be maintained.

All fees will be drafted on the 20<sup>th</sup> of the preceding month services are rendered. (September's payment will be drafted on August 20<sup>th</sup>.)

Monthly fees WILL NOT be prorated without Child Care Director approval.

This form MUST be turned in upon registration for childcare.

I, \_\_\_\_\_, hereby authorize the Fairfield YMCA to charge the account listed below on the 20<sup>th</sup> of each month for monthly tuition fees due as payment for child care services. I understand that I must provide thirty days written notice if I wish to discontinue service.

I authorize my bank to honor pre-authorized Electronic Funds Transfers (or credit card charges) against my account for child care payments as indicated below. When the bank honors the EFT or credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT or credit card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payments plus a return fee of \$20. It is further understood that if such a payment is not honored by the bank of credit card institution, then the YMCA, at its discretion, may submit the amount due for payment on a future date.

Please choose from the following options. (Signature is required to process.)

☐ I choose to utilize the EFT payment (direct debit from my Checking ☐ Savings ☐

BANK Name \_\_\_\_\_ Name on account \_\_\_\_\_

Routing/transit Number \_\_\_\_\_ Account number \_\_\_\_\_

OR

Credit Card Type: Visa ☐ Mastercard ☐ Card Holders Name \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Financial assistance is available to those who qualify. Applications are due by the 1<sup>st</sup> of the previous month of desired care. If this deadline is not met, you may be asked to pay the current month in full.

### FAIRFIELD YMCA

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