

Down East Family YMCA Child Care Bank Draft Form

Contact Information

Parent Name: _____

Child Name: _____

Email Address: _____

Automatic Withdrawal Information

Bank Draft Information (Please check one and attach a voided check)

Checking Account Savings Account

Bank Name _____

Routing/Transit Number (First Set of Numbers) _____

Account Number (Second Set of Numbers) _____

OR

Credit/Debit Card Information

Master Card Visa

Card Number _____

Expiration Date _____

When to Draft:

Day of the week to draft:

Monday Tuesday Wednesday Thursday Friday

How Often?

Weekly Bi-Weekly Monthly

Child Care Payment Policy

- I understand that if a payment is returned to the YMCA a \$10 charge will be added to my account.
- The YMCA reserves the right to terminate child care upon non-payment of fees.
- I understand that I give the YMCA Early Learning Center a 2 week notice of leaving the child care program or making any changes to the number of days and schedule.
- Am 18% annual interest rate will be assessed to all outstanding balances.

Parent/Guardian Signature

Date