



AUTOMATIC PAYMENT FORM

AUTHORIZATION AGREEMENT- BVFYMCA Childcare Programs

I hereby authorize the BVFYMCA to automatically charge the account referenced below for my child's account balance. **I understand that the balance for each weeks tuition will be charged the Friday prior to the start of each week.**

Further, I understand that the charge to my account will take place on a weekly basis for the program in which my child is enrolled. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment and any additional fees incurred. If full payment is not made I agree to pay for all fees associated with the collection of funds.

I understand that it is my responsibility to notify the BVFYMCA of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 7 business days in advance to the draft date.

This agreement will remain in effect until BVFYMCA receives a written notice of cancellation from me or until the end of the program.

Child's First and Last Name:

Parent First and Last Name:

Program/camp location:

Credit Card Account Information

Print your name as it appears on the account:

Credit Card Number:

CV Code:

Expiration Date:

Billing Address:

Bank Account Information

Financial Institution:

Account Number:

Routing Number:

Authorization

By typing my name below I give the BVFYMCA authorization to process payments on the account information provided. Parent Sign: _____