



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of Greater Louisville

## School-Age Child Care Payment Options (BC School Year)

Drafts will come out from your choice of a checking account, savings account or credit card (Visa, MasterCard or Discover). **The weekly draft day will be on Wednesday so if you know and contact us by 1:00 PM Tuesday that your child will not be attending as planned, we can stop or adjust your draft for that week.** If your child attends more or less days than what you were drafted, and you do not inform us in advance, the charges will be adjusted the following week. **If you currently pay your summer camp fees by draft you will still need to complete this form in order to authorize your school year drafts.**

Parent's Name: \_\_\_\_\_

Child(ren)'s Name(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_

Site/Program Attending: \_\_\_\_\_

### Electronic Funds (EFT) or Credit Card Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for weekly school year 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 YMCA, at its discretion, may resubmit the amount due for payment on a future date. It is further understood that if such payment is not honored by the bank (or credit card institution), payment is to be made by me in the amount of said payment in order for my child to continue in the Child Care Program.

I understand my account will be drafted on the Wednesday of each week of the program.

Please draft my: Current  EFT account or  credit card on file with last 4 digits \_\_\_\_\_  
New  checking account (attach voided check)  credit card

Select Card Type:      

Card Holder Name \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

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

PLEASE RETURN THIS FORM WITH VOIDED CHECK IF APPLICABLE TO

**Bullitt County Family YMCA**

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