

BANK DRAFT AGREEMENT SPYMCA CHILD DEVELOPMENT OFFICE

Available for regular monthly payments only

BANK DRAFT INFORMATION:

Child's Name: _____

Name On Account: _____

Program: Great Escape Preschool

Account Type: Checking Savings MasterCard Visa

Card Number: _____ Expiration Date: _____ CVV: _____

Bank Name: _____ Account #: _____ Routing #: _____

Date	Draft Amount	1 st Draft Date	Last Draft Date	Parent Initials

ATTACH VOIDED CHECK HERE:

The YMCA guarantees satisfaction with the quality of its services. This authorization will remain in effect until revoked by me in writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such charge. I agree that your treatment of each such charge and your rights in respect to it, shall be the same as if it were signed by me and that if any such charge be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of services.

If at anytime the amount in my account is insufficient to cover the amount to be deducted, the bank is not obligated to pay and is not responsible for these insufficient funds. Nor shall the bank be liable for any errors by the Stevens Point Area YMCA in handling the terms of this authorization.

I will use an electronic funds transfer to pay for services and I agree that if for any reason I wish to terminate or change the status of services, I must give the **YMCA WRITTEN NOTICE 15 DAYS IN ADVANCE** of my automatic withdrawal date. A \$15.00 service fee will be charged on any returned bank draft.

SIGNATURE _____ DATE ____ / ____ / ____