

YMCA OF CENTRAL NEW MEXICO

AUTHORIZATION AGREEMENT FOR CHILDCARE PRE-ARRANGED PAYMENTS

I hereby authorize the YMCA to initiate debits from my Visa, MasterCard or personal checking account as indicated below. The authority is to remain in effect through _____, or until the YMCA has received 30 days written notification from me of the termination of this agreement, or until the YMCA has sent me 30 days written notice of the YMCA's termination of this agreement. The YMCA will send a 30 day notification of any change in the amount to be charged. Should my payment not be honored by my bank for any reason, I realize that I am still responsible for that payment and a second attempt to collect, including a YMCA service charge, will be made prior to my next charge. This is in addition to any service fee my bank may make.

Payment type (Visa, MasterCard or EFT)

Name of Childcare Site

Credit Card Number/EFT Routing and Acct. #

Child's Name(s)

Expiration Date

Best Phone Number to Reach Parent

Name on Credit Card/Bank Account

Cardholder/Account Signature

Date to Commence Payments

Please indicate:
Weekly, Semi-Monthly, Monthly