



YMCA OF EASTERN UNION COUNTY

ELIZABETH, FIVE POINTS & RAHWAY

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Member Name (Please Print): \_\_\_\_\_

Member # (if applicable): \_\_\_\_\_

I authorize my bank to honor pre-authorized electronic funds transfer payments drawn by the Five Points YMCA on my account for child care payments.

- 1. It is my understanding that payments of YMCA child care dues by EFT are continuous. If I wish to terminate my child care dues, I understand that I must submit a written cancellation notice either in person or by certified mail 30 days prior to my EFT date. Until the YMCA is in receipt of written notice, I am responsible for monthly child care dues.
2. The YMCA Child Care Directors may, at their discretion, adjust the monthly rate applicable to my child care category. The YMCA will provide notification at least 30 days before the increase takes effect.
3. Should any child care payments by EFT not be honored by my bank for any reason, including expired credit cards; I understand that I am still responsible for that payment plus a \$25 Service Charge applied by the YMCA. This is in addition to any service fee charged by my bank. The YMCA assumes no responsibility for bank charges related to over-drafts or other inconveniences caused by EFT payments.
4. EFT returns will be redrafted automatically on the next possible EFT payment date.
5. EFT payments will be made on the 5th of the month.
6. Child care payments will be deducted from my account specified below beginning in the month of \_\_\_\_\_ and ending in the month of \_\_\_\_\_ for the following children:

Child Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Child Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Child Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Total: \$ \_\_\_\_\_

Account Information

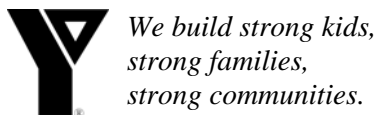
Name on Account (as it appears on credit card) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person above (if different than member) \_\_\_\_\_

Account Type: [ ] Visa [ ] Mastercard [ ] American Express [ ] Checking Acct

Account Number \_\_\_\_\_ Credit Card Exp. Date \_\_\_\_\_ Routing Number \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For Office Use Only:

Received by: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Notes: