

YMCA of Greater Fort Wayne
Credit/Debit Draft Agreement

-Jorgensen Family YMCA-

Please read and initial each point:

_____ I give authority to the YMCA of Greater Fort Wayne to draw on the account listed below for my School Age Childcare/Camp payments.

_____ I understand my account will be drafted between Wednesday and Friday of each week for the previous week's charges.

_____ I have included a copy of my debit, Visa or Master Card I wish to have drafted.

_____ Changes to account information, including credit card expiration date, for the Draft program must be given in writing and received by the YMCA no later than the Monday prior to the payment date when the changes need to be effective.

_____ I understand that if my draft is returned, for any reason, my School Age Childcare Services will be void immediately, and I will be charged a \$15 processing fee. School Age Childcare services will be reinstated only after payment of all fees.

I understand that by signing below I acknowledge that I have read and accept these terms and conditions and that all information I have provided is true and accurate to the best of my knowledge.

Debit

Credit Card

Name on Account

Account Number (16-digit number)

Bank Name or Credit Card Type

Card Expiration Date & 3 digit V-Code (on back)

Signature of Person on Account

Date

Printed Name of Parent

Printed Name of Children