



YMCA OF HANNIBAL-AFTERSCHOOL FUN CLUB ACH AUTHORIZATION

I Authorize the YMCA of Hannibal and my financial institution names below to deduct the amount of my weekly afterschool payment as stated below. I understand my automatic payment will be drafted each **Wednesday** for next week of care. I have the right to stop the automatic deduction providing I give written notice at least **14 days prior** to the next scheduled deduction. I understand that by cancelling the automatic draft that I will no longer receive childcare for afterschool,

I understand that if any draft does not go through (rejected by bank), **I will pay a \$25 service fee** on top of the weekly rate that was rejected, and I also understand that if I am enrolled in part time and I exceed 3 days of care in one week, I will automatically be charged the full time rate.

Print name: _____

Signed: _____ Date: _____

Child Name: _____

Financial Institution Name: _____

Name on bank account: _____

Routing Number: _____

Account Number: _____

Account Type: Checking _____ Savings _____

Amount Authorized to draft: _____

Rates:

- **FULL TIME: Members: One Child: \$40/week Non-Members: \$55/week**
- **Members: Two Children: \$75/week Non-Members: \$95/week**
- **Members: Three Children: \$110/week Non-Members: \$140/week**
- **PART TIME: Offered to MEMBERS ONLY! \$30 for 1-3 days/week.**

Rate will be drafted weekly (Wednesday) from August 16, 2017 - May 9, 2017 even if your child is not in attendance.

A voided check MUST be attached to start the draft.