

YMCA of Hannibal Youth and Family Childcare Payment 2018-2019
Childcare Payment Authorization for Automatic Payment

I authorize the YMCA of Hannibal and the financial institution named below to deduct the amount of my Weekly Childcare Payment from the account identified below.

My weekly payment will be ducted on the Wednesday of each week prior to childcare needed.

- I will be charged for each week my child has signed up for, even if my child is not in attendance.
- I understand I can't drop weeks I can only change from part time to full time or reverse. So I will still be charged for each week.
- No refunds or roll overs will be given.
- If I need to remove my child from childcare provided by the YMCA of Hannibal, I understand I need to give them 2 week notice. I will still be responsible for those two weeks of childcare payments.

I have read the above and I'm agreeing to all terms

Signature _____ Date _____

Name of parent responsibly for financial payments

Account Type: Checking ___ Savings ___ Credit Card ___

(We do not accept prepaid cards)

Payments that are returned due to insufficient will receive a service fee of \$25.00 per child/ per transaction. This must be paid before returning to childcare.

If Checking or Savings:

Financial Institution Name: _____

Routing Transit Number _____

Account Number _____

If Credit Card: Last 4 Digits _____ Type of Credit Card _____

Signature _____ Date _____