



Y Kids Club Payment Authorization Form

PROGRAM INFORMATION

PROGRAM NAME _____ Before school care After school care

Program Fees \$ _____ (Payments will be withdrawn on the 15th of each month)

CHILD'S NAME

FIRST NAME _____ LAST NAME _____

ACCOUNT HOLDER INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

METHOD OF PAYMENTS

OPTION 1 – Pre-authorized bank withdrawal. (A void cheque is required, please attach to this form)

NAME OF FINANCIAL INSTITUTION _____

BRANCH TRANSIT # _____ 3 DIGIT BANK # _____ ACCOUNT # _____

OPTION 2 – Credit Card

Type of credit card: Visa Mastercard Amex

CREDIT CARD NUMBER _____ EXPIRY DATE (MM/YY) _____

PAYMENT AUTHORIZATION

I authorize the YMCA-YWCA to debit the above account/credit card for the Y Kids Club Program on a monthly basis for the amount of \$ _____.

I understand that if any payment is returned by the financial institution for the reason of "non-sufficient funds" (NSF), I am responsible for all NSF charges. Each payment returned NSF will be presented to my account a second time within 7 days after the normal payment date. If the re-presented item is returned NSF a second time, the YMCA-YWCA will charge a \$15 fee. I will not be required to give the YMCA-YWCA a replacement cheque for any NSF payments unless notified by the Y.

I will notify the YMCA-YWCA promptly in writing if there is any change to the above account information. Any delivery of this authorization to the YMCA-YWCA constitutes delivery by the customer to the bank. It is warranted by the customer that all persons whose signatures are required to sign on the above account have signed this authorization.

ACCOUNT HOLDER / CREDIT CARD HOLDER - SIGNATURE 1 _____ (MM/DD/YY)

ACCOUNT HOLDER / CREDIT CARD HOLDER - SIGNATURE 2 (if applicable) _____ (MM/DD/YY)