



**SKY Family YMCA
Draft Authorization Form
Childcare Programs**

I hereby authorize the SKY FAMILY YMCA, INC. to initiate a debit to my CREDIT/CHECKING account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the SKY Family YMCA is notified by me in writing to cancel in such time as to afford the SKY Family YMCA and Financial Institution a reasonable opportunity to act on it.

Customer Signature

Date

Customer Name (print)

Child's Name (print)

Please note: All payments returned as non-fundable, whether by electronic charge or check will be assessed a \$25.00 administrative fee per occurrence. It is the individual's responsibility to notify the YMCA of any changes to their billing information at least 15 days prior to the scheduled draft date, regardless of reason. Exceptions will not be made.

Draft Information

Program Involved: Bonita Springs YMCA

Accounts will be drafted the first and fifteenth of the month. If your credit card is replaced it is your responsibility to notify the Bonita Springs YMCA.

Please staple voided check to this form.

Credit Card/ACH Verification (Circle One)

Account Holder Name: _____

Last 4 Digits of Account Number: _____

Account Holder Signature: _____