



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Automatic Draft for YMCA Childcare Payments

Parents/Guardians:

The YMCA of South Hampton Roads is offering automatic drafting for your childcare payments. We can draft your checking or credit care account on a weekly basis (Wednesdays), bi-monthly (1st and 15th), or a monthly basis (1st of each month).

Name: _____ Name of child/children: _____

School: _____

Payment Method Preferred: (please circle one)

Weekly (Wednesdays)

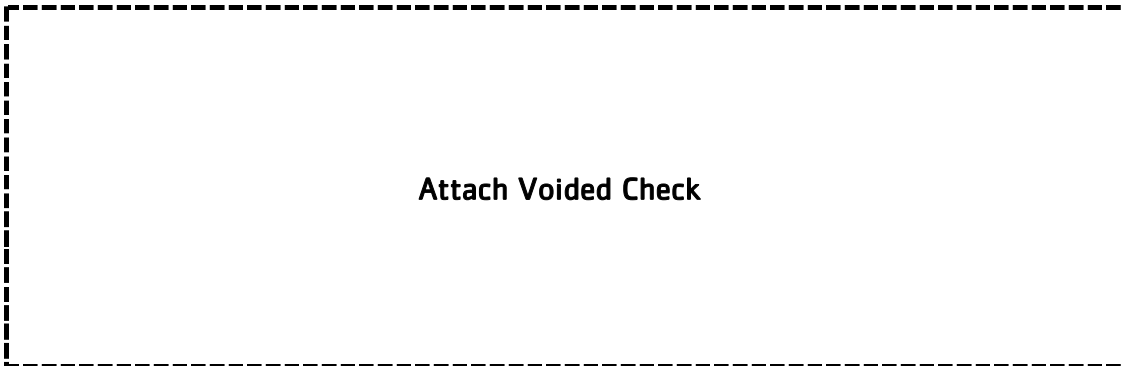
Bi-Monthly (1st and 15th of each Month)

Monthly (1st of each month)

Payment Method Preferred: (please circle one)

I agree to be billed by the YMCA of South Hampton Roads for my day camp fees, in advance, as I have indicated above. I can stop this auto draft with a 30-day written notice. I understand that I will be billed for all fees related to my child's participation in the program, which may require a manual payment.

Signed: _____



Attach Voided Check

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfer (or credit card institution) drawn by the YMCA of South Hampton Roads on my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly payment (direct debit from my Checking Savings account.)

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

Authorized Signature _____ Date _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Credit Card Type: Visa MC Amex Discover Name on Credit Card: _____

Account Number: _____ Expiration Date: _____

Authorize Signature: _____ Date: _____



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PAYMENT CONTRACT

Child's Name _____

ACCOUNTING POLICIES

- 1) The Registration fee for each child is due upon enrollment, and is **NON-REFUNDABLE**.
- 2) **WEEKLY FEE:** Payment is due on the Monday prior to each session, whether a child is in attendance or not. If payment is not made by Wednesday prior to session date, a late payment fee of \$15.00 will be assessed.
- 3) **FAILURE TO MAKE A SCHEDULED PAYMENT:** Services will be suspended immediately if no payments are made one (1) week prior to the start of the session, as a payment may still be due regardless of child's attendance. All payments, plus late charges must be made before services can resume provided space is available.
- 4) **LATE PICK-UP FEE:** A late pick-up fee of \$15 per child will be charged for the first fifteen (15) minutes and each fifteen (15) minute period thereafter.
- 5) **HOLIDAYS:** A limited number of holidays have been accounted for in establishing the fees. The program will not operate on, Independence Day, July 4th. Full fee will be charged for this session.
- 6) **CHECK POLICY:** Make all checks payable to the YMCA. There will be a \$25.00 charge for all returned checks. If two (2) checks are returned, cash or money order will be required for future payments.
- 7) **FINANCIAL ASSISTANCE:** If at any time the Blocker Norfolk Family YMCA discovers that the provided information for financial assistance is not accurate, we have the right to reassess your camp fees. Financial assistance applicants do not receive any additional discounts.
- 8) **DISCOUNT:** A 10% discount per family is given if more than one child in the same family is enrolled in this program. This is not applied to any financial assistance accounts.
- 9) **WITHDRAWAL:** If you decide to withdraw your child from the program, a two (2) week written notice is required. You are responsible for fees during the notice period. Cancellations must be in writing and submitted to the Camp Red Feather Office or at the Blocker Norfolk Family YMCA Child Care Administrative Office no later than the Monday two (2) weeks prior to the session you are canceling.
- 10) **I/We understand and agree to pay in accordance with the above fee schedule and accounting policies of the Blocker Norfolk Family YMCA.**

I understand that my session fee is: _____

Signature of Parent/Guardian _____

Date: _____