



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**AUTOMATIC DRAFT FORM
2017-2018**

Child's Name: _____

Parent's Name: _____

Program: _____

I elect to pay my weekly/monthly child care fees with:

Checking Account (please attach a voided check)

Bank Name: _____

Routing Number: _____

Account Number: _____

Debit/Credit Card (circle: Visa, MasterCard, Discover)

Credit Card Number: _____

Expiration Date: _____ **CVC CODE:** _____

Name on Card: _____

Address: _____

- I authorize Akron Area YMCA to automatically draft from the above account for my weekly/monthly child care fees.
- I understand that this automatic draft will begin on Friday prior to the week/month of service.
- I understand that this automatic draft will be terminated at the end of the current program enrollment, or upon giving the Akron Area YMCA 7-day written notice of my child's termination.
- I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

Signature

Date

**LONGWOOD BRANCH
8761 Shepard Rd.
Macedonia, OH 44056
330 467 8366**

akronymca.org

The Y strives to make programs and membership available to all. Financial assistance may be available to those who qualify.

