



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Automatic Payment Deduction Responsibilities

### Authority to Draw ACH Debits or Drafts for Childcare/Camp Payments

Please scan back to Kathy Crompton at [kcrompton@ssymca.org](mailto:kcrompton@ssymca.org) or mail to 1075 Washington Street, Hanover, MA 02339 or return to your child's program. Thank you!

Your Name:
Address:
City, State and Zip:

Please circle "yes" and initial to give permission to charge the enrollment or registration fee from this account.	YES	Initial _____
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Child's Name:	*Site:	Amount:\$
Child's Name:	*Site:	Amount:\$

\*Site – Where is your child attending the program? (ex: ELC, Bethel, Cole, etc.)

### Checking/Savings Account:

Full Name Of Your Bank:	
Bank Transit Routing No:	Choose One: [ ] checking account [ ] saving account
Depositor's Account No:	Signature of Bank Depositor:

*or*

### Credit/Debit Card:

Card Number:		
Expiration Date:	CVV:	Full Name on Card:

### Authorization:

I hereby authorize the SOUTH SHORE YMCA to charge the amount based on my payment schedule to the Checking/Savings Account or Credit/Debit Card listed above.

- It is my responsibility to notify the YMCA immediately of any account changes or account closing and to provide the YMCA with the current account information.
- The YMCA reserves the right to refuse entrance into the program if payments are delinquent. Full payment of delinquent balance will be required for reinstatement into the program.
- The Childcare Business Office will contact you for payment if your automatic payment is declined. A service charge will be applied by the YMCA to my bank or credit card company.

**I have reviewed the above rules and understand the responsibilities of the Automatic Payment Deduction.**

**Authorized Payer's Signature:** \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_