



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Automatic E-Pay Form

Child's Name:	Classroom:		
Parent's Name:	Email:		
Street Address:	City:	State:	Zip:

## E-Pay Authorization Agreement

I authorize the YMCA to withdraw sufficient funds for my weekly Tuition on the Sunday prior to the service week. Should my draft not be honored by my bank/credit card I understand the YMCA will automatically resubmit the draft for payment. After two unpaid drafts, the YMCA will contact me to collect the outstanding balance. Should I refuse to

### Credit/Debit Account

Card Holder's Name:

\_\_\_\_\_

Card Number:

\_\_\_\_\_

Exp.  Date:   \_\_\_\_\_ CID #: \_\_\_\_\_

Card Type: Mastercard Visa AMEX Discover

**Checking Account**  **Savings Account:**

Bank Name:

\_\_\_\_\_

\_\_\_\_\_

Bank Holder's Name:

\_\_\_\_\_