

YMCA of Greater Hartford Electronic Payment Form
One week of tuition is a required non-refundable deposit at the time of enrollment

Billing Name: _____ Child's Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home: (____) _____ Work (____) _____ Cell (____) _____

TERMS AND CONDITIONS

It is my complete understanding that if I terminate my child's enrollment I must submit a letter in writing canceling my Electronic Payment giving the YMCA **TWO (2) weeks written notice** prior to my child's withdrawal date. I understand that paying under the Electronic Payment method, I am subject to fee increases periodically by the Board of Directors, and the YMCA may adjust the monthly rate applicable to my child's enrollment category. I will be notified 30 days in advance of any increases. **I/we understand that my account is a continual monthly draft unless notified by myself to terminate my child's enrollment with two (2) weeks written notice.** Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a service charge (contact your branch for current fees). This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment will be terminated.

I, the undersigned, have read and agree to the above Terms and Conditions.

Parent/Guardian Signature: _____ Date Signed: _____

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment.

CREDIT/DEBIT CARD

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover Expiration Date: _____

Name on Card (print) _____

Card Number _____

I agree the monthly payment amount debited will be \$_____ and will draft on the 1st day of each month.

My first draft will begin on _____ (date).

Authorized Signature _____ Date _____

EFT

Financial Institution Name _____

Address _____

Name on Account (print) _____

☐ Checking Account ☐ Savings Account

Routing Number (9 digits) _____ Account Number _____

I agree the monthly payment amount debited will be \$_____ and will draft on the 1st day of each month.

My first draft will begin on _____ (date).

Authorized Signature _____ Date _____

Office Use Only: Deposit Payment \$ _____ Receipt Number _____

Form Entered by _____ Date Entered _____

System Account # _____