



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Authorization for Bank Draft

YMCA of Northern Rock County
221 Dodge St., Janesville, WI 53548
Phone: (608) 754-9622 Fax: (608) 754-9024

Location: Janesville YMCA Parker YMCA

Program: ELC Day Camp Y-Care Wrap Care
 School's Out

Name of Person Requesting Bank Draft for Child Care Services

Title (Mr., Mrs., Ms., Dr.) First Name MI Last Name

Birth Date (MM/DD/YY) Male or Female (circle one) Draft Dates EVERY FRIDAY

Address

Telephone Numbers & Email

Street Home Business

City, State, Zip Cell Email Address

Child(ren) Names

Child's Name Child's DOB Child's Name Child's DOB

Child's Name Child's DOB Child's Name Child's DOB

Annual Campaign

Payment Options (please check one)

The YMCA of Northern Rock County believes in providing membership and program services to all who desire to participate. Please consider helping us build strong kids, strong families, strong communities by contributing to the ANNUAL CAMPAIGN.

- I would like to make a one time donation of \$ _____
- Increase my bank draft by \$ _____ per month
- I do not wish to contribute at this time.

- Bank Draft Withdrawal (attach voided check)
- My bank information has not changed from previous school year.
- WI-Shares Co-Pay
- Credit Card Withdrawal

Card # _____
Exp. Date _____ 3 digit CVV# _____

Bank Draft Authorization

As a convenience to me, I hereby authorize you to charge my account, payable to the order of the YMCA of Northern Rock County, provided there are sufficient collected funds in my account to pay the same upon presentation. I agree that your rights in respect to each such charge shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of services. Should any preauthorize charge not be honored by said bank when received by them, then it is understood that said payments are to be made by me. Bank changes or enrollment terminations and/or schedule changes are required by 12:00PM the week prior to attendance.

Signature: _____ Date: _____

My YMCA Child Care draft will be regarded as continuous until the time that I decide to terminate. The YMCA guarantees satisfaction with the quality of its services. I understand the YMCA reserves the right to adjust child care rates as necessary, which I agree to pay upon at least 14 days advance written notice.

Signature: _____ Date: _____