the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WEEKLY DRAFT FORM
YMCA CHILDREN'S ACADEMY

The YMCA Children's Academy requires payment through a bank or credit card draft. Your checking or savings account, or credit card will be debited once a week. The draft will continue until we receive two weeks written notice to cancel.

Child's Name_____ DOB _____/_____/_____
Member Number _____
Parent's Name _____Parent's DOB _____/_____/_____

Please check one of the following regarding options:

☐ **BEGIN WEEKLY DRAFT**
I understand I must pay my child's weekly day care fees using the bank/credit card draft method.

☐ Use my current membership bank/credit draft information

☐ Use the following credit card information
Credit Card Number _____
Credit Card Expiration Date _____ V Code _____
Card Holders Name

☐ Use the following banking information
Bank Account Number _____Routing Number_____
Name of Bank _____ ☐ Checking ☐ Savings
Name of Account Holder _____

☐ **CANCEL WEEKLY DRAFT**
I would like to cancel my weekly bank/credit card draft for the YMCA Children's Academy. **Two weeks written notice is required in order to cancel bank/credit card draft.**
Last draft date: _____/_____/_____

☐ **CHANGE WEEKLY DRAFT**
I would like to make changes on my weekly bank/credit card draft. Please indicate all changes on the back of this form. **Two weeks written notice is required in order to change bank/credit card draft.**
First draft date: _____/_____/_____

_____
Signature of Parent/Guardian Date

BUSINESS OFFICE:
Date received _____/_____/_____ Week attending _____ First draft _____/_____/_____
Give this form to Jessica Duss immediately. **BACK OFFICE** Date received _____/_____/_____ Initial _____