



Child Care Payments – Electronic Funds Transfer (EFT) Release Form

I give permission for the YMCA of Greater Springfield to automatically withdraw EFT payments from the account listed below, for my Child Care Services.

Child's Name: _____ Child's Name: _____

Site Attending: _____ Site Attending: _____

Program: ELC BSc ASc Camp Program: ELC BSc ASc Camp

Print Name on Bank Account: _____ Account Type: Checking Savings

Bank Name: _____ Last four digits of account number: _____

Routing Number: _____ Account Number: _____

-OR-

Print Name on Credit/Debit Card: _____ Account Type: MasterCard VISA

Credit/Debit Card Billing Address including Zip Code: _____

Credit/Debit Card Number: _____ Expiration Date: _____

Payment Options:

EFT deductions taken on Payment Due Dates (3 days prior to childcare provided)
Ex: payment for week of 10/24 will be taken on 10/21

EFT deductions taken on Week Day of your choice (Choose One): M T W TH F
Ex: payment chosen for Wednesdays will be taken the Wednesday before childcare provided

EFT deductions taken Monthly on the First of the Month: payment will include the second full week of the month through the fourth or fifth weeks, depending upon how the calendar falls

EFT deductions taken Monthly on the Twenty-Eighth of the Month: payment will include the first full week of the month through the fourth week, depending upon how the calendar falls

Debit/Credit/Bank EFT Agreement:

- EFTs will take effect with no outstanding balances showing on the account.
- A new EFT form must be filled out at the beginning of each new program registration.
- Should an EFT payment be returned by the bank for any reason, I understand the YMCA will expect payment for the care provided and an added service charge. The YMCA service charge is in addition to any service fee the bank will make.
- This EFT form will expire when your child leaves the program or the program period ends.

Account Holder's Signature: _____ Date: _____

YMCA OF GREATER SPRINGFIELD

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