



## ELECTRONIC FUNDS TRANSFER (EFT) RELEASE FORM

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

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Printed Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account type: (please circle)    Checking        Savings

**OR**

Printed Name on Credit Card: \_\_\_\_\_

MasterCard or Visa (please circle)

Credit Card Billing

Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_      Exp.Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

**Select withdrawal day (please circle)**        M – T – W – Th – F\*

*\*Please Note: EFT drafts must be completed at least 2 business days prior to each week of service. For this reason, all Friday billing will take place 10 days prior to each weekly start date. For example, for a start date of Monday 8/26, Friday EFT will take place on Friday 8/16.*

Account Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_