



SONOMA COUNTY FAMILY YMCA

26-27 ACH Bank/Credit/Debit Card Draft Payment Agreement
REC, Childcare or Camp Program

Participant's Information

Today's Date: ___/___/___

Child's Last Name: _____ First Name: _____

Site: _____ Starting (Month/Year): _____

Billing Information (authorizing party MUST sign this form below.)

Last Name: _____ First Name: _____ DOB _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Email: _____

1. I authorize a bank draft or credit/debit card charge for the REC, Childcare, or Summer Camp Program on the scheduled due dates for the balance on my account. I understand that any scheduling changes, cancellations, or payment method updates must be submitted in writing at least two weeks prior to the scheduled payment date. If a bank draft is returned unpaid for any reason, the bank draft will not be re-run. The returned payment, including any applicable return fees, must be paid by cash at the YMCA, 1111 College Ave, Santa Rosa, or by credit/debit card through our website at scfymca.org or new ACH authorization form. If a credit/debit card payment is declined or returned, the YMCA may attempt to re-run the payment, or the payment source may be updated by completing a new ACH Authorization Form or by updating the payment method through our website at scfymca.org.

2. I understand that should any transfer not be honored by my bank/credit/debit card for any reason, that rec/childcare/camp services may be suspended until balance is paid in full.

3. The YMCA will have the right to initiate legal action for collection of fees, or outstanding balances, and the undersigned will be responsible for all collection fees, including court expenses, and reasonable attorney fees.

4. Any account information changes you make to the bank or credit card draft accounts listed below need to be communicated to the YMCA. If your automatic draft is declined for any reason you may be charged \$25 for the draft. Changes can be communicated to gfleming@scfymca.org or childcare@scfymca.org

Bank Draft (MUST ATTACH VOIDED CHECK)

Credit/Debit Card Draft

Name on Account: _____

Name on Card _____

Account Type: [] Savings [] Checking

Card Type: [] MasterCard [] Visa [] AMEX [] Discover

Routing Number: _____

Card Number: _____

Account Number: _____ Expiration Date: _____ / _____ CVV # _____

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO ABOVE POLICIES

Signature: _____ Date: ___/___/___