



Easy Payment Form

1. Child's Name _____ School: _____
 Child's Name _____ School: _____
 Child's Name _____ School: _____

Package (please circle):

Number of days: 5 4 3 2

Plan: Before After Both

I authorize my account to be charged \$ _____ / month

Please check off the months that you would like to be charged.

<input type="checkbox"/> October	Will be charged on September 20th
<input type="checkbox"/> November	Will be charged on October 20th
<input type="checkbox"/> December	Will be charged on November 20th
<input type="checkbox"/> January	Will be charged on December 20th
<input type="checkbox"/> February	Will be charged on January 20th
<input type="checkbox"/> March	Will be charged on February 20th
<input type="checkbox"/> April	Will be charged on March 20th
<input type="checkbox"/> May	Will be charged on April 20th
<input type="checkbox"/> June	Will be charged on May 20th

- I give the YMCA permission to charge my account for the months indicated above.
- I understand that if any changes to my child care occur, I am to notify the Yq Kidz Registrar, in writing, by the 15th of the month prior.
- I understand that if my credit card is declined, for any reason, I have until the close of business the same day to rectify the payment. If I do not complete payment on the due date that the transaction is attempted, I am responsible for all applicable fees (late fee or re-registration fee).

Authorized Signature: _____ Date: _____

Form of Payment (please check one):

Credit Card Debit Card (with VISA logo)

Card # _____ Exp. Date: _____ Sec. Code # _____

Please print Cardholder's Name: _____

Signature of Authorized Cardholder: _____ Date _____

Please Note:

Credit Card Information will be shredded after input.

