



Kankakee Area YMCA Little Y's Guys Preschool

Automatic Bank Draft Authorization

Child(ren's) Name(s): _____

Program Enrollment Date: ___/___/_____

Program Start Date: ___/___/_____

Weekly	Member: \$140/week	Non-Member: \$162.50	Draft Amount: \$_____
<p>-Automatic bank draft occurs the Thursday prior to the week of service. -Weekly participants must pay the additional \$26.00 fee for School's Out Days -Weekly participants receive a 10% discount for additional children</p>			
Monthly	Member: \$560/month	Non-Member: \$650/month	CCR&R Co-pay \$_____/month
<p>-Fund Transfer occurs on the first of the month of service. -Monthly participants receive a 10% discount for additional children -Monthly participants pay NO additional fee for School's Out Days</p>			

Payment Method:
(Please Circle One)

Checking Account

Credit/Debit Card

Savings Account

Checking or Savings Account: Routing # _____ Account # _____

Debit/Credit Card: Card #: _____ Expiration Date: ___/___/___

-Electronic Fund Transfer is the only payment option for the Before & After School Child Care program.
 -Weekly participants are responsible for registering to attend any School's Out Day prior to the date of service and for payment of the required fee. School's Out Day fees will not be automatically deducted.

Automatic Bank Draft Authorization

I authorize the Kankakee Area YMCA to present an automatic draft, as outlined above, against my account for my Before & After School Child Care fees according to the payment option that I have chosen above. I understand that I may withdraw from the program and cancel the bank draft with a written notice completed at least 10 business days prior to draft. I also understand that if I choose the part-time option, I can cancel specific weeks of service with a written notice completed at least 10 business days prior to the draft.

I also understand that if the draft is returned unpaid, I will be charged a service fee of \$25.00 and the draft will be presented again for payment.

Signature: _____

Date: ___/___/_____

Print Name: _____

For Office Use Only: Registered Scheduled Registration Fee & First Payment Paid

*Please see reverse side for Before & After Care Bank Draft Authorization.



Kankakee Area YMCA Little Y's Guys Before & After Care

Automatic Bank Draft Authorization

Child(ren's) Name(s): _____

Program Enrollment Date: ___/___/_____

Program Start Date: ___/___/_____

	Weekly	Monthly
	-Automatic Bank Draft Occurs the Thursday prior to the week of Service. -10% discount for addt'l children	-Fund transfer occurs on the first of the month of service. -10% discount for addt'l children
Before Care ONLY	\$25	\$100
After Care ONLY	\$50	\$200
Before & After Care	\$62.50	\$250

Payment Method:
(Please Circle One)

Checking Account

Credit/Debit Card

Savings Account

Checking or Savings Account: Routing # _____ Account # _____

Debit/Credit Card: Card #: _____ Expiration Date: ___/___/_____

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I also understand that if the draft is returned unpaid, I will be charged a service fee of \$25.00 and the draft will be presented again for payment.

Signature: _____

Date: ___/___/_____

Print Name: _____

For Office Use Only:	<input type="checkbox"/> Registered	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Registration Fee & First Payment Paid
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*Please see reverse side for Preschool Bank Draft Authorization.