



PNC Grow Up Great Preschool

## Draft Authorization

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

Parent's/Guardian's Name: \_\_\_\_\_

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

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

Program Enrollment Date: \_\_\_\_\_  
\_\_\_\_\_

Program Start Date: \_\_\_\_\_

Program Enrollment Fee: \$50.00 per child/family

Option	Weekly Rate	Hours	*Sibling Discount
<input type="checkbox"/> Part Time M W F	\$ 48	8:00a-12:00p	___ Yes ___ No

\* A 10% discount will be given for one additional sibling.

Total Weekly Withdrawal \_\_\_\_\_

Electronic Fund Transfer occurs the Thursday (12:00am) prior to the weeks of service.

Accountholder's Name: \_\_\_\_\_

Payment method (Circle one)

Checking

Charge or Debit Card

Savings Account

Checking/Savings Act. Route & Transit #: \_\_\_\_\_ Account  
#: \_\_\_\_\_

Charge/Debit Card Act. #: \_\_\_\_\_ Expiration Date:  
\_\_\_\_\_/\_\_\_\_\_

*Automatic Draft is the only option to pay for the PNC Grow Up Great Preschool.*

### **Automatic Draft Authorization**

I authorize the Kankakee Area YMCA to present an automatic draft, as outlined above, against my account for my PNC Grow Up Great Preschool fees according to the payment option that I have chosen above. I understand that I must provide a two-week written notice should I choose to cancel or withdraw from the program. I also understand that if my payment is returned unpaid, I will be charged a service fee of \$25.00 and the draft will be presented again for payment.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Welcome Center Office Use Only: Please set up the above account information as a billing method in the computer using the scanner system. Register for the entire program period requested and collect the enrollment fee and the first week. Set up the Automatic Draft payment schedule and place this form with the paperwork packet.