



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ID # _____

Reidsville Family YMCA After School Draft Agreement

I authorize the Reidsville Family YMCA to withdraw my child(ren)'s After School child care payment by monthly draft:

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

After School Program: _____ After School w/All Days _____ After School Only

Parent/Guardian Name: _____

Payment Option: _____ Checking account draft (please attach voided check
_____ Credit Card draft (w/Visa or MasterCard logo)
Name as it appears on card: _____
Account # as it appears on card: _____
Expiration Date: _____

Payment Amount: \$ _____ Draft Date: 15th of every month

Draft Agreement (please initial each statement and sign the bottom)

____ I understand that the monthly draft for my child's after school payment will be withdrawn on the 15th of every month.

____ If I join the After School program after the 15th of the month, I understand there will be a prorated fee for the first month with the draft beginning the next month.

____ In the case that I discontinue the After School program, I understand that I must cancel, in writing, 30 days prior to date of draft in order to stop payment.

____ I understand that if for any reason the draft doesn't go through, I am still responsible for that payment plus a \$20 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card may charge.

____ I understand that automatic draft payments will not start until September 15th.

Parent/Guardian's Signature: _____ Date: _____