



Bank Draft Information (2008-2009)

The Sammamish Family YMCA requires automatic Bank Draft payments for our School Age Child Care programs. The convenience of automatic withdrawal reduces the administrative time necessary to manage YMCA programs, maintaining reasonable fees and convenient service for our entire community. To enroll your family in the YMCA's Bank Draft system, please complete the bottom of this form and return it with your tuition selection form and other registration material.

Eligible Programs: All YMCA Child Care monthly program fees must be paid by bank draft. Families on regular monthly financial assistance may also use this bank draft service.

Draft & Payment Dates: The YMCA will deduct our posted program fee from your bank account on the 12th business day of each month (unless you already have a current YMCA membership payment withdrawn automatically, in which case your bank draft will be on the same day it has always been). Payments are collected one month in advance of the month of child care (i.e., your payment for child care during the month of January would be deducted on the 12th business day in December, and so on).

Starting Date for Your First Bank Draft: It takes the YMCA one month to activate your bank draft. As a result, it may be necessary for you to prepay for one or two months of care before your bank draft begins. If you are turning in registration and bank draft authorization forms after July 13, 2006, you must include one month's payment (check or credit card) with the Bank Draft Authorization Form. Be sure to deduct any deposit you may have made from the amount you are paying. You will be notified if a second month's payment is necessary before bank draft starts.

Cancellation & Changes: The YMCA needs two weeks (14 days before the draft date) advance written notice to alter or cancel your scheduled bank draft. Any program changes that affect your monthly fees also require 14 days notice in writing. Changes and cancellations cannot be made by telephone. **If we do not hear from you in time to cancel or change your draft, the subsequent draft will be non-refundable.** The YMCA will notify you in advance if any increase in your monthly bank draft is necessary due to program changes or fee increases.

You are encouraged to **detach** this form, and retain the top portion for your records.
PLEASE REMEMBER TO ATTACH A VOIDED CHECK TO THE AUTHORIZATION FORM.

Bank Draft Authorization Form (please complete one form per family)

I authorize my financial institution to honor pre-authorized drafts drawn by the YMCA on my account for child care payments. It is understood that my childcare bank draft will end 14 days after written notification has been received by the YMCA. When my financial institution honors the draft by charging my account, such drafts constitute my receipt for payment. **I understand and authorize that NSF or collection fees will be charged to my account for any dishonored check or Electronic Funds Transfer transaction. Such Non Sufficient Funds (NSF) fees will be the maximum amount allowed by law, will include any applicable taxes, and will be electronically debited from my account.** If at anytime there is a change, deletion, or cancellation of my child care program, it is to be submitted in writing to the YMCA branch where the child care is provided 14 days prior to the day the draft is to be charged to my account. Failure to do so may make the subsequent draft non-refundable. Changes or cancellations can not be made by telephone. The YMCA will notify me, in advance, of any increase in my monthly child care amount. A voided check is required with all bank draft applications.

The draft is to be withdrawn from my (initial one type of account): Checking Account Savings Account

The draft will be withdrawn on the 12th working business day of each month, one month in advance of the month of child care.*

*** If I already have a current YMCA membership payment withdrawn automatically, my child care bank draft will be on that same day.**

_____ Signature of Account Holder	_____ Date	_____ Signature of Parent/Guardian	_____ Date
_____ Name on Account		_____ Financial Institution Name	
_____ Bank Transit/Routing Number (first 9 digits on check)		_____ Account Number of Checking/Savings Account	

Please **detach** this form, and staple a voided check from the appropriate bank account.