



Childcare Authorized Payments

BEATRICE MARY FAMILY YMCA
1801 Scott Street
Beatrice, NE 68310
402.223.5266
beatriceymca.org

Need-Based Financial Assistance May be Available

Child(ren) Name _____

<input type="checkbox"/> Bank Draft Payment Plan Account # _____ Routing # _____ Type of Account <input type="checkbox"/> Checking or <input type="checkbox"/> Savings account. Bank Name: _____ ***Please Attach a Voided Check here (no deposit slips)

Childcare Programs: _____ Draft Amount \$ _____

Preschool / Before & After School / Summer Camp (Bank Draft Every Thursday per schedule)

(To cancel or change a Childcare Program it requires a 2 week written notice.)

This Draft will continue until the YMCA is notified in writing 2 week prior to my next draft. I am responsible for payment if 2 weeks is not received.

I will notify the YMCA of any change in my above account information, phone number, or home address.

I understand that, if any draft is not honored for any reason, I am responsible for that payment, plus any service fee assessed by the YMCA in addition to any service fees assessed by my bank. I also understand that I (my) family will be denied access to the facility until the balance due is paid.

Being the authorized account holder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay and specifically authorize the Beatrice Mary Family YMCA, Beatrice, NE to charge my above account, for my childcare draft and further agree that in the event my above account becomes invalid, I will provide the Beatrice Mary Family YMCA with new account information upon request and will pay for any outstanding balances and fees owed.

My first withdrawal will be \$ _____ on or about _____ ★ *****Authorized Account Signer Signature: _____ Date _____ Printed Name _____ Staff Initials _____
