

**Easy Pay Letter of Understanding**

The Ashtabula County YMCA thanks you for your participation in our Easy Pay program. This program offers you continual services through more convenient and affordable weekly payments from your checking/savings or credit card account.

**How It Works**

You authorize your bank to pay your YMCA Child Care fees from your checking/savings account or credit card.

**Getting Started**

Sign this agreement below. Provide a voided check or use a credit card in your name.

**Draft Date**

First draft will be on the Friday prior to each week of service. Drafts falling on a holiday or weekend will draft on the next business day.

**Guidelines**

1. Notify the YMCA 30 days in advance (of your Easy Payment) when you change accounts.
2. Maintain sufficient funds on your account to cover the monthly draft. Your bank will treat it as a returned check or overdraft. Child Care services are automatically suspended the second time a draft is returned.
3. YMCA will give you 30 days notice prior to any rate increase.
4. The YMCA reserves the right to charge a penalty for insufficient funds, declined payments and late payments.



Member Signature\* (Parent if a minor)

Date

Please consider donating to the YMCA Strong Kids Campaign which provides financial assistance to those in our community who need it most. Even just a small monthly donation will make a difference for a child or family.



**Are you interested in donating to YMCA Strong Kids Campaign?**

Yes, one time \$ \_\_\_\_\_  Yes, weekly \$ \_\_\_\_\_ /week

**Payment Agreement**

Parent/Guardian's Name (print): \_\_\_\_\_

I (we) expect the payments to start on \_\_\_\_\_.

This authorization will remain in full force and effect until I (we) cancel. Cancellation Guidelines: 1. Give YMCA 30 days notice; 2. Fill out a written cancellation request.

I (we) hereby authorize the YMCA to charge to my (our):

<b>Fill In Below To Pay Monthly By Bank Account</b>	
<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Routing Number (9 digit)	Bank
Account Number*	
Account Holder's Name	
Signature* 	

<b>Fill In Below To Pay Monthly By Credit Card</b>		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Card Number*	Exp. Date	
Card Holder Name	Security Code	
Signature* 		

**Office Use Only**

- Unit Name: \_\_\_\_\_
- Void check received  Sponsored \_\_\_\_\_ %  Account Info entered
- Strong Kids Campaign Donation Added
- Completely** entered into DAXKO Operations?
- Date: \_\_\_\_\_