



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Authorization for Y-Care Bank Draft

YMCA of Northern Rock County
Association office: 221 Dodge St. Janesville, WI 53548
Phone: (608) 754-9622

Name of Person Requesting Bank Draft for Child Care Services

Title (Mr., Mrs., Ms., Dr.)	First Name	MI	Last Name
Birth Date (MM/DD/YY)	Male or Female (circle one)	Draft Dates: EVERY FRIDAY	

Address

Telephone Numbers & Email

Street	Home	Business
City, State, Zip	Cell	Email Address

Child(ren) Names

Child's Name	Child's DOB	Child's Name	Child's DOB
Child's Name	Child's DOB	Child's Name	Child's DOB

Annual Campaign

Payment Options (please check one)

The YMCA of Northern Rock County believes in providing membership and program services to all who desire to participate. Please consider helping us build strong kids, strong families, strong communities by contributing to the ANNUAL CAMPAIGN.

- I would like to make a one time donation of \$ _____
- Increase my bank draft by \$ _____ per month
- I do not wish to contribute at this time.

Bank Draft Withdrawal (attach voided check)

Credit Card Withdrawal

Card # _____
Exp. Date _____ 3 digit CVV# _____

Bank Draft Authorization

As a convenience to me, I hereby authorize you to charge my account, payable to the order of the YMCA of Northern Rock County, provided there are sufficient collected funds in my account to pay the same upon presentation. I agree that your rights in respect to each such charge shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing. I further agree that if any such charge were dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of services. Should any preauthorize charge not be honored by said bank when received by them, then it is understood that said payments are to be made by me. Bank changes or enrollment terminations and/or schedule changes are required by 12:00 pm. the week prior to attendance.

Signature: _____ Date: _____

My YMCA Day Camp draft will be regarded as continuous until the time that I decide to terminate or the program ends. The YMCA guarantees satisfaction with the quality of its services. I understand the YMCA reserves the right to adjust child care rates as necessary, which I agree to pay upon termination of enrollment or by submitting a schedule change form.

Signature: _____ Date: _____