

AUTOMATIC BANK DRAFT AUTHORIZATION FORM OCEAN COUNTY YMCA

Finance Use Only

Monthly YKids Draft Amt _____
 Monthly Contribution Draft Amt _____
 Total Monthly Amt _____
 Draft Start Date _____
 One Time Contribution Amt _____

CHILD'S NAME _____ SCHOOL ATTENDING _____

I, (name) _____ authorize the Ocean County YMCA to initiate debit entries, via Bank Draft, to my Bank Checking Account/Credit Card Account at the depository financial institution listed below. I acknowledge that the origination of the Bank Draft transaction to my account must comply with the provisions of U.S law.

This payment for the YKids Childcare program at the Ocean County YMCA will commence on (date) _____ and occur monthly on the twentieth day of the month. Letters of cancellation must be received by the 15th of the month to avoid that month's draft.

I understand there are no refunds given, including Government mandated shutdowns, and it is my responsibility to check my monthly bank statement and report any corrections or changes to the below information immediately to the Ocean County YMCA.

If funds are unavailable on the scheduled date for payment a \$25.00 service charge will be applied. Unavailability of funds includes; insufficient funds, account closed, decline, exception, hold, etc. The Ocean County YMCA is not responsible for service fee. **NOTE: It is the member's responsibility to notify the Ocean County YMCA of any change to the below information, including updating Credit Card expiration dates.**

PLEASE READ AND INITIAL

1. I understand that my credit card, checking, or savings account will be charged on the 20th day of the month, or the next official bank day.
2. I understand there are no refunds given. It is my responsibility to check my monthly credit card or bank statement and report any discrepancies within 30 days to the Ocean County YMCA.
3. I understand in order to cancel this agreement; I must give written notification to the YMCA by the 15th of the month to avoid next month's draft.
4. Should my monthly amount not be honored by my credit card or bank for any reason, I agree to be responsible for that payment plus a \$25 Service Charge applied to the YMCA. This is in addition to any service fee my bank may charge.
5. I understand the YMCA reserves the right to cancel this agreement if payment is not received by the last day of the month.
6. I understand the YMCA reserves the right to increase fees as necessary and will give 30 day notice prior to the increase.

I would like to contribute an additional amount monthly to support my YMCA as it helps my community by providing financial assistance to those in need. *(Check box below for additional amount)*

\$5.00 \$10.00 \$15.00 \$20.00 Other

TERMINATION POLICY FOR BANK DRAFT

The Bank/Credit Card Draft Payment plan is continuous for the current school year. YMCA Account Holder must be 18 years or older. I understand that this will remain in effect until written notice is received by the Ocean County YMCA. Letters of cancellation must be received by the 15th of the month to avoid that month's draft.

Signature _____ Date _____

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Member ID# _____