



YMCA of the Suncoast School Age Programs EFT Authorization Form

Parent/Legal Guardian Name: _____

Payer's Name: _____

Child #1: _____ Child #2: _____

Child #3: _____ Child #4: _____

Primary Phone: _____ Secondary Phone: _____

Household Email: _____

Who will be responsible for child(ren's) payments:

Parent Payer – relationship of Payer to child(ren): _____

Families returning to our Program... Please use my bank or credit card financial information already on file with the YMCA.

Please **verify** the last 4 digits of my Bank Account: _____

Please **verify** the last 4 digits & exp. date of my Credit/Debit Card : _____ & ____/____

Bank Information: Processes Bi-Weekly

You must provide the YMCA of the Suncoast with a **voided check**; bank deposit slips do not provide the appropriate information required for an EFT.

Parent initial: _____ Please photo-copy my check used to pay my child(ren's) annual registration fee and/or amount required based on my child(ren's) start date **as my voided document**.

Credit Card Information: Processes Monthly

You must provide the YMCA of the Suncoast with a **complete** credit/debit card number and expiration date. **Please note: Not all Bank/Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.**

Credit Card #

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Credit Card Expiration date: ____/____

Cardholder Name: _____

I agree for my child(ren's) school age fees to be paid either bi-weekly or monthly by my financial institution. Should any bank or credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a return payment service charge of \$20.00 assessed by the YMCA of the Suncoast. I also understand it is my responsibility to notify the YMCA of the Suncoast in writing should my credit card expire, I change my financial institution or I make any changes to my bank account information at anytime. We require 10 business days of notice to change or cancel an EFT processing.

Parent's Signature: _____ Date: ____/____/____