



# YMCA of the Suncoast School Age Programs EFT Authorization Form

Parent/Legal Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School Site: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Household Email: \_\_\_\_\_

Payer's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Payer's Primary Phone: \_\_\_\_\_

## Bank Checking Account Drafts

**Bank Account Information:** Processes weekly every Friday

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/Debit Account Drafts

**Credit/Debit Card Information:** Processes weekly every Friday

You must provide the YMCA of the Suncoast with your **complete** credit/debit card number and expiration date. **Please note: Not all 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 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: \_\_\_\_/\_\_\_\_/\_\_\_\_