



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Meriden-New Britain-Berlin YMCA
School Age Childcare Program

Authorization for Reoccurring Credit/Debit Card Transactions

I, _____ give the New Britain-Berlin YMCAs authorization to process my Before &/or After School childcare payments by Credit/Debit Card.

Child(ren) Name(s): _____

Transactions will be processed weekly, every Monday (in advance), in the amount of

\$ _____

It will be my responsibility to notify the New Britain-Berlin YMCAs in the event that I cancel my credit/debit card. I will also notify the YMCA when I receive a new expiration date on my card.

If for some reason a transaction will not post (account closed, account suspended, insufficient funds, etc.), I will be charged a \$20.00 return fee by the YMCAs ECASH system, which is a collection system that will go after collecting the missed payment(s).

Name as it appears on the card (Please Print): _____

- MasterCard
- Visa
- American Express
- Discover

Account Number: _____ Expiration Date: _____

Security Code (as it appears on the back of the card): _____

By signing below I acknowledge that I agree to the statements written above and also give the New Britain-Berlin YMCA my permission to charge the card above for my weekly program payments. I also understand that a written 2 weeks notice is required for withdrawing from all School Age Childcare programs.

Cardholder Signature: _____ Today's Date: _____