



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child Care Auto-Payment Agreement

I, _____ (print name), authorize the Cambridge YMCA to automatically debit my credit card/checking account listed below the balance due for each Preschool and/or After School session my child(ren), _____ (print child's name) is attending. Payments will be drafted on the 1st of each month. Payments will only be drafted in the amount of the balance due for each particular month.

Any changes or cancellations to the payment schedule must be made in writing, at least a week in advance of the desired effective date.

- **Credit Card:**
Name on Card: _____
Billing Address: _____
Exp. Date: _____ CCV/CVC Code: _____ Credit Card Type: _____
Credit Card Number: _____

- **Checking/Savings Account:**
Account Type: _____ Account Number: _____ ABA# _____

Signature

Date