



**RARITAN BAY AREA YMCA**  
**BEFORE CARE PAYMENT AGREEMENT**  
**PRE-AUTHORIZED MONTHLY CHARGE AUTHORIZATION**

Primary Payer's Name (Please Print): \_\_\_\_\_

Daxko Child Care Unit #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

I hereby give written authority to the RARITAN BAY AREA YMCA to charge my credit/debit card/bank account for monthly child care payments in the amount of \$130.00 (Member) \$140.00 (Non Member) to be charged on (please select and initial one of the following options).

- 1)  Member \_\_\_\_\_ \$130 monthly on the 25<sup>th</sup> of each month (Payments are due prior to the month of service. For example, payment of \$130 is due August 25<sup>th</sup> for September services)
- 2)  Non-Member \_\_\_\_\_ \$140.00 monthly on the 25<sup>th</sup> of each month (Payments are due prior to the month of service. For example, payment of \$140 is due August 25<sup>th</sup> for September services)

I understand any and all fees associated with the collection of fees or any other amounts due to the RARITAN BAY AREA YMCA will be my responsibility. I agree to reimburse RARITAN BAY AREA YMCA for the fees of any collection agency which may be based on a maximum of 67% of the debt, plus all cost and expenses including reasonable attorney fees we incur in such collection efforts.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

I hereby confirm my YMCA child care payment is for the **school year 2018-2019** and will continue until I complete a **Notice of Cancellation** form. I can terminate my child care by filling out the **Notice of Cancellation** form at the Welcome Center. The payer's credit card will be charged the usual child care fee if the **Notice of Cancellation** is not submitted. After receipt of the cancellation form, the YMCA agrees to end the pre-authorized charges against the member's account within 7 days thereafter. \_\_\_\_\_ (Initials required)

I understand the YMCA reserves the right to terminate this agreement should the charge to my credit/debit card/bank account be declined. If my credit/debit card/bank account should change or expire it is my responsibility to notify the YMCA of the change. \_\_\_\_\_ (Initials required)

I understand all drafts to my account that are returned or declined due to insufficient funds are subject to a **\$30.00 processing fee**. I hereby authorize the YMCA to electronically charge my account the \$30.00 processing fee should the monthly charge to my account decline. \_\_\_\_\_ (Initials required)

Credit/Check Card Charges Only (last 4 digits only):  Expiration Date: \_\_\_\_ / \_\_\_\_  
Credit Card Type:  Visa  MasterCard  American Express  Discover

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_