



RARITAN BAY AREA YMCA
CHILDCARE 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 \$255.00 to be charged on (please select and initial one of the following options).

Option A Includes a FREE Y MEMBERSHIP, FREE WATER SAFETY COURSE and a SPECIAL RATE for Holiday Camp.

- 1) \$255 monthly on the 25th of each month (Payments are due PRIOR to the month of service. For example, payment of \$255 is due August 25th for September services)
2a) \$127.50 Twice Monthly on the 10th and the 25th of each month (Payments are due PRIOR to the month of service. For example, full payment of \$255 is due August 25th for September services)
b) 2 Installments for the following dates totaling \$255- the installment dates must be made by the 25th PRIOR to the month of service. (For example August 7th and August 21st) and

In the future should I want to change my draft date, the YMCA reserves the right to charge a \$10.00 processing fee. (Initials required)

Option B DOES NOT include the Y MEMBERSHIP, the WATER SAFETY COURSE and the SPECIAL RATE for Holiday Camp.

Pay As You Go is a \$75 weekly, due on Thursdays (for the following week) one-time \$25.00 Registration fee required. I understand and accept responsibility for a weekly payment to the YMCA of \$75. I understand if I do not pay on or prior to, Thursday for the following week of service my child care will be cancelled immediately.

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 bi-weekly 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: / /