



WAYNESBORO AREA YMCA ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION Youth Development Programs

For Office Use ONLY: staff initials:

Date:

Program Participant Name:

SECTION 1: PAYER INFORMATION (Authorized Account Holder)				
Last Name	First Name	MI	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date / /
Address			P.O. Box	Apt No.
City	State	Zip Code	Home Phone ()	
Preferred Daytime Contact Phone Number:		Work Phone ()	Cell Phone ()	
Email Address				

SECTION 2: PARTICIPANT INFORMATION				
Last Name	First Name	MI	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date / /
Address			P.O. Box	Apt No.
City	State	Zip Code	Home Phone ()	
Program: GENESIS LEARNING CENTER BEFORE CARE AFTER CARE Site: Summitview Fairview Mowrey Hooverville Greencastle			# of Days/ Week 1 2 3 4 5	

SECTION 3: EFT ENROLLMENT <input type="checkbox"/> CHANGE <input type="checkbox"/>				
MUST ATTACH VOIDED CHECK or COPY OF DEBIT/ CREDIT/ SAVINGS ACCOUNT CARD (No deposit slips!)				
Bank Name		Routing Number for Checking or Savings Account		
Account Number or Credit Card/Debit Card Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card		Exp. Date /
CVV:				
Membership Type	Weekly Program Rate \$	First Draft Date / /	Final Draft Date	

SECTION 4: PROGRAM CHANGE			
Current # of days per week	Current Weekly Rate \$	New # of days per week	New Weekly Rate \$
In order to make a change to the program (i.e. increase/ decrease days attending), this form must be completed two weeks prior to the change date.		Start date of program change / /	

SECTION 5: EFT CANCELLATION	
Reason for cancelling?	Weekly Rate \$
In order to cancel the program this form must be completed two weeks prior to the end date. This form is considered your two weeks written notice.	Final EFT Date / /

AS AUTHORIZED ACCOUNT HOLDER, I will receive all notifications pertaining to the EFT for the member listed in Section 2. I have read and understand the Terms of Agreement on Page 2 and hereby grant authorization to the Waynesboro Area YMCA to initiate or terminate a weekly recurring draft.

Authorized Account Holder Signature

Date

TERMS OF AGREEMENT

1. A voided *check* or copy of a *savings account card* MUST be attached to this form! NO DEPOSIT SLIPS! The Electronic Funds Transfer will not be processed without the necessary account verification.
2. Electronic Funds Transfers are processed at 12:00 am on the Friday of the week prior to service.
3. If for any reason [including but not limited to: closed account, insufficient funds, frozen account, invalid account number or stopped payment] the YMCA is unable to transfer funds, the Authorized Account Holder is responsible for payment. A \$10.00 service fee, in addition to the weekly program amount, is due immediately at the Member Services Desk.
4. If for any reason [including but not limited to: closed account, insufficient funds, frozen account, invalid account number or stopped payment] the YMCA is unable to transfer funds, we will attempt to process the current amount in addition to the previous week's payment on the following Friday.
5. After two consecutive weeks of failed payments, automatic payments will be suspended until the account balance is brought current. If the account balance is not remitted after three consecutive weeks without payment, the child will not be permitted to attend the program until amount due is paid in full. The child will be withdrawn from the program after 4 consecutive missed payments.
6. Effective May 1, 2006 any returned personal check or Electronic Funds Transfer will be sent to a non-affiliated party (Ecashflow) to electronically collect unpaid funds from your bank account. Ecashflow will assess and debit a \$30.00 collection fee from your bank account. The YMCA will continue to charge a \$15.00 returned item fee payable at the YMCA Member Services Desk.
7. In granting this authorization, I understand program dues may change and the weekly amount deducted from my account can be changed without a signed authorization. Generally, these changes in amount are a result of annual fee increase approved by the governing body. I understand that I will be notified of such changes.
8. In order to withdraw from the program or change enrollment, you must follow the policy outlined in the Youth Development Family handbook. A 2-week notice IN WRITING (email, written letter or updated EFT) must be submitted to the Youth Development Office requesting a change in your child's enrollment along with a \$5.00 processing fee. If your child stops attending without a 2-week WRITTEN notice you will be billed for the days missed up to 2-weeks after notice of enrollment change is received.
9. I agree to be bound by all rules and regulations governing Electronic Funds Transfers. I also agree not to hold the Waynesboro YMCA responsible for any liability relating to this transaction, including but not limited to bank overdraft or processing fees.
10. Applicant is responsible for notifying the YMCA of any change to membership status by submitting a properly completed form and allowing at least 2 weeks for processing. No refunds will be issued.
11. Any lapse in active membership will result in automatic billing at a non-member rate.