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RECURRING CREDIT CARD CHILD CARE AUTHORIZATION FORM DUBUQUE COMMUNITY YMCA/YWCA

PAYMENT OPTION 1

You must choose either option 1 or option 2.

Complete and return this form to the Dubuque Community YMCA/YWCA Business Office at 35 North Booth Street, Dubuque, IA 52001. If you have any questions, please contact Jill Keck at 563.556-3371 or jkeck@dubuquey.org

I (we) authorize the Dubuque Community YMCA/YWCA, to initiate recurring credit card charges to the below referenced credit card account ending in the last four digits _____ for the purpose of collecting child care related fees. I (we) authorize the Dubuque Community YMCA/YWCA to withdrawal sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize the Dubuque Community YMCA/YWCA to use their third party processing company to create, capture, and transmit all credit card information. I (we) indemnify and hold harmless the Dubuque Community YMCA/YWCA from any and all liability resulting from any and all transactions. All disputed will be directed to and addressed by and between the Dubuque Community YMCA/YWCA and the below signed cardholder. The Dubuque Community YMCA/YWCA accepts MasterCard, VISA, Discover and American Express.

Cardholder Name	Phone #	Email Address
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Cardholder Billing Address, City, State, Zip

Child(ren)'s Names: _____

Child Care Account (Age: Infant to age 5) – fees will be deducted bi-weekly on Wednesdays

School Aged Accounts (SACC) – monthly fees will be deducted 2 weeks prior of the month prior to the month of care. Any other fees will be charged as they come due.

Cool School and Summer Camp – fees will be deducted on the Friday prior to the week care is provided.

Declined Credit Card fee - \$10.00

_____(initial) I give the Dubuque YMCA authorization to deduct the Registration Fee from the credit card listed below.

This authorization will remain in full force and effect until I (we) notify the Dubuque Community YMCA/YWCA in writing of its termination which must be received at a minimum of **2 weeks** in advance of the termination date. Registration fees will be deducted from the credit card listed below unless a check or cash is included with your registration form.

Cardholder Signature

Date

Credit Card Number (Please print clearly)

Expiration Date



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RECURRING ELECTRONIC FUNDS TRANSFER CHILD CARE AUTHORIZATION FORM DUBUQUE COMMUNITY YMCA/YWCA

PAYMENT OPTION 2

You must choose either option 1 or option 2.

Complete and return this form to the Dubuque Community YMCA/YWCA Business Office at 35 North Booth Street, Dubuque, IA 52001. If you have any questions, please contact Jill Keck at 563.556-3371 or jkeck@dubuquey.org

I (we) authorize the Dubuque Community YMCA/YWCA, to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicted below. I (we) authorize the Dubuque Community YMCA/YWCA to withdrawal sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize the Dubuque Community YMCA/YWCA to use their third party processing party sender, to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the United States Law.

Your Name

DEPOSITORY – Bank or Credit Union

Home Address

Bank or Credit Union Address

City, State, Zip

City, State, Zip

Home Email Address

Home Phone Number

Account Type: Checking Savings

Routing Transit Number

Account Number

Child Care Account (Age: Infant to age 5) – fees will be deducted bi-weekly on Wednesdays

School Aged Accounts (SACC) – monthly fees will be deducted 2 weeks prior of the month prior to the month of care. Any other fees will be charged as they come due.

Cool School and Summer Camp – fees will be deducted on the Friday prior to the week care is provided.

Bank Return Fee fee - \$10.00

This authorization will remain in full force and effect until I (we) notify the Dubuque Community YMCA/YWCA in writing of its termination which must be received at a minimum of **2 weeks** in advance of the termination date.

_____(initial) I give the Dubuque YMCA authorization to deduct the Registration Fee from the account listed above.

Signature

Date

*******Please attached a copy of voided check. Deposit slips are not accepted*******