



Y of Central Maryland EFT Activity Authorization Form School Year 2013-2014

☐ **PRESCHOOL (Weekly, Fridays from Begin Date to 8/8/2014)**

Service Location: _____

☐ **BASE/Chips (Monthly, 1st day of month from Begin Date to 5/1/2014)**

Account information, please print:

| | | | |
|-------------------|-------|--------------------|-------|
| Child's Name | _____ | Phone (Home) | _____ |
| Cardholder's Name | _____ | Phone (Work) | _____ |
| Member # | _____ | Phone (Cell) | _____ |
| Street Address | _____ | Email receipts to: | _____ |
| City, State, Zip | _____ | | |

Payment information:

Billing Method (Circle one): VISA MASTERCARD AMEX DISCOVER

Account Number: _____

Expiration (Month/Year) _____

Security code (back of card) _____

Preschool - Begin Date: _____

Weekly Amount: \$ _____

BASE/Chips -Begin Date: _____

Monthly Amount: \$ _____

CREDIT CARD ELECTRONIC FUND TRANSFER AUTHORIZATION AND AGREEMENT

TO THE Y OF CENTRAL MARYLAND (herein referred to as the Y): I have given my authority to charge the above named credit/debit card for the activity payments indicated above. It is understood that the Y's transmission of the EFT to the card issuer as payment becomes due and shall constitute valid notice of such payment due on the above named activity. When the above named EFT is processed, such charge shall constitute my receipt for the payment. Should any EFT not be honored by the card issuer, it is understood that payment is to be made by me within three (3) days for the amount of said payment, PLUS a service fee of **\$25**. I understand that this authorization will remain in effect only until the dates noted above. If I choose to terminate the EFT authorization prior to paying my tuition in full, I understand I must initiate its termination by giving the Y 30 days written notice in advance of the date I wish the EFT to stop. Failure to give 30 days written termination notice will result in that month's charge being non-refundable, even in the event I am withdrawing my child from the Preschool/BASE program. I further understand that all credit/debit card information changes must be given to the Y with 30 days written notice in advance of the date I want the change to occur.

I understand that after two unpaid charges, the Y may immediately terminate this agreement and program enrollment until I have brought all payments up to date.

I acknowledge the terms of the transfer authorization and agreement as stated above:

Customer Name (print): _____

Customer Signature: _____ Date: _____

Please submit this form to Customer Billing by Fax to 410-779-9426, or scan/email to billing@ymaryland.org.