



2019-2020 YMCA OF AUSTIN-AFTERSCHOOL REGISTRATION FORM-PAGE 5

Payment Method Authorization Form

Child's Name: _____
Child's Name: _____

MONTHLY CHILD CARE RATES BY LOCATION

Table with columns for Round Rock ISD, Austin ISD South, Hays CISD, Manor ISD, East Afterschool, UT Elementary, and Pre-K only Programs. Rows include Y of Austin Family Member and Program Participant rates.

Automatic Payment/Draft Options

Automatic Payment Plan: The YMCA of Austin offers an automatic payment plan via our accounting software company called DAXKO. Monthly fees are automatically charged to Bank, Credit Union, or Credit Card Company. There's no additional cost for this program

PLEASE SELECT DRAFT DATE: [] 1st [] 15th (Please note, if you choose the 15th payment will be drafted on the 15th prior to the due date. Ex: August 15th for September 1st due date, September 15th for October 1st due date, etc.)

OPTION 1: CREDIT/DEBIT CARD:

YOUR SECURITY MATTERS: *If this credit card is on file, the Y will automatically set up your monthly payments. If this credit card is NOT on file, a Program Services YMCA staff person will call you to manually enter your credit card number into your YMCA account. Your credit card number will NOT be written down and, even once stored in the computer, Y staff members will not be able to view all 16 digits. Your registration is not confirmed until full credit card information has been received and entered.

(Please select one)

[] Visa [] American Express [] Mastercard [] Discover

Name of Card/Account Holder: _____ Cell/Work Phone: (____) _____

*Last four digits of Credit Card: _____ Exp. Date: _____

Credit Card Billing Address: _____ Zip Code: _____

Is this the primary contact for all billing concerns/questions? [] YES [] NO

OPTION 2: BANK DRAFT/EFT: **Please include a voided check with this form** (This needs 10 business days to authorize before we could use this account. Please note that the EFT/Check account cannot be used as a form of payment after the payment due date.)

Name of Account Holder: _____ Name of Bank: _____

Bank Routing/Transit Number: _____ Bank Account Number: _____

ANNUAL CAMPAIGN:

The YMCA of Austin believes that every child deserves the opportunity to participate in safe, fun, and enriching afterschool programming. Your donation will give another child that opportunity.

I would like to donate to the Annual Campaign so that a child in need can attend Y Afterschool.

Please charge me an additional: [] \$20 [] \$50 [] \$100 [] Please add \$10 to my child's monthly fee

Authorization: I hereby authorize the YMCA of Austin to debit the above credit card/bank draft/EFT on the dates indicated for my 2019-2020 Afterschool Care payments in the amount of _____. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____
Signature of Parent/Guardian

X _____
Date