



**Billing Information / Electronic Funds Transfer (EFT) Authorization**

RESPONSIBLE PARTY INFORMATION (The "**Responsible Party**" is the parent/legal guardian enrolling the child and primarily responsible for payment of fees, signing releases, authorizing individuals to sign in/out the child (on custodial days of attendance) and making any changes to the child's participation in the program.

Account Holders First/Last	Child(ren)'s Name(s) First/Last	Daytime Phone Number	Email Address
Child Care Location	Account Holder Signature		Date

I hereby authorize the YMCA of Orange County to initiate debits from the Bank/Card account indicated below on the first business day of each month for the monthly child care tuition. I understand and agree to pay a non-refundable and annual registration fee upon enrollment/re-enrollment and applicable tuition is due upon enrollment. Tuition fees will not be refunded without 30-days written notice and I further understand and agree to pay the \$25 service charge fee for any and each payment that does not clear my account. Furthermore, I agree to pay a \$25 late payment fee for tuition payments not paid in full by the first of the month and understand late payments may result in suspension or termination of child care services.

Credit Card Fees: I acknowledge that by using a credit card I am agreeing to pay the required credit card processing fee as charged by the YMCA of Orange County.

**MULTIPLE PAYING PARTIES SPLITTING PAYMENTS - All charges to take place on the 1st business day of the month**

\$ or %	First Payer	Amount/Percentage	Second Payer	Percentage
Account Holders First/Las	Child(ren)'s Name(s) First/Last	Daytime Phone Number	Email Address	
Child Care Location	Account Holder Signature		Date	

*This section needs to be cut and shredded after information has been entered*

Credit Card Information	Bank Account:	Checking	Savings
Credit Card Number:	Bank Account Number:		
Expiration Date:	Routing Number:		