

**Authorization for Automatic Withdrawal of  
Membership/Program Payments to the AYCC**



Daxko Primary Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Daxko Unit ID \_\_\_\_\_

\_\_\_\_\_ Full Balance / Amount Due Name of program participant(s) \_\_\_\_\_

\_\_\_\_\_ Amount of Scheduled Fee Frequency of scheduled payments **Weekly Bi-Weekly Monthly**

Payments to be made on the following dates \_\_\_\_\_

Last Payment Date \_\_\_\_\_

Please list the membership or programs that this form authorizes payments for.

\_\_\_\_\_

I authorize my financial institution to honor pre-authorized drafts drawn by the Alford Youth and Community Center on my account for payments due to the AYCC.

**BANK ACCOUNT**

ACCOUNT HOLDER NAME: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**OR CREDIT CARD**

CREDIT CARD ACCOUNT HOLDER NAME: \_\_\_\_\_

CREDIT CARD INSTITUTION NAME: \_\_\_\_\_ CARD TYPE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

I hereby authorize The Alford Youth and Community Center to initiate a debit entry to my checking/savings account or credit card account at the financial institution listed above and initiate adjustments (if ever necessary) for any transaction debited/credited in error. This authority will remain in effect until the Alford Youth and Community Center is notified by me in writing. The written notice must be received by the Alford Youth and Community Center at least 14 days before the next billing cycle.

Returned transactions for reasons such as: declined, insufficient funds, closed account, member contact issuer; will incur a \$10-\$30.00 fee payable to the AYCC upon repayment of initial declined payment upon each occurrence. Initial payment, plus AYCC fee must be paid in full within 14 days by cash, money order, bank check or credit card. Continued occurrences may result in the loss of childcare.

\_\_\_\_\_  
Name of Authorized Account Holder      Signature of Authorized Account Holder      Date

Date Authorization Received \_\_\_\_\_ Staff Entering Authorized Payments \_\_\_\_\_