

Authorization for Automatic Withdrawal of After School Program Payments to the AYCC

Child's Last Name _____ Child's First Name _____

Payments are due on Sundays, **2 weeks** prior to the week of service. Any scheduled payments must be authorized in writing below.

_____ I agree to pay my weekly fee on Sunday, **each week**, prior to each week of service

_____ I agree to pay my weekly fee on Sunday, **bi-weekly**, prior to each week of service

_____ I agree to pay my weekly fee on Sunday, **monthly**, prior to each week of service

My child will attend the following location: (please circle one)

___ Atwood (Oakland) ___ Canaan ___ China ___ Mill Stream (Norridgewock)

___ North Elementary (Skowhegan) ___ AYCC (Waterville)

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

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 the child's space in the program(s).

Name of Authorized Account Holder Signature of Authorized Account Holder Date

Date Authorization Received _____ Staff Entering Authorized Payments _____