

**VALLEY OF THE SUN YMCA  
CHILD CARE AGREEMENT**  
Automatic Transfer System (ATS)

<b>FOR OFFICE USE ONLY</b>
NAME:
COURIER DATE:

I understand that the information below will be used to transfer payment from my account.

CHILD'S FULL NAME (Please Print)			
ADDRESS			
CITY, STATE, ZIP & ZIP EXTENSION			
PHONE	(HOME)		(WORK)
MEMBER # Branch, Group & Family #	160-		
DRAFT DAY / BEGIN DATE		/	
DRAFT DESCRIPTION	Program Code:		Site:
ACCOUNT TYPE: (Circle One)	Checking	Savings	MC VISA AmEx Amount \$
CREDIT CARD #	EXP Date:		CC Holder's Name:

1. I understand that this transfer will occur twice monthly on the fifth (5) and eighteenth (18) of each month for checking/savings and credit card drafts.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types, or Child Care Plan in anyway, I must provide the YMCA with at least a thirty (30) day written notice prior to my transfer date.
3. I understand that the YMCA may, upon thirty (30) days written notice, adjust child care rates, which would result in a change in my semi-monthly transfer rate.
4. I understand that if my payment is returned NSF for any reason, the item(s) will be re-presented electronically and I understand I will be charged a processing fee. I am also responsible for all other recovery costs.

\_\_\_\_\_  
Authorized Bank Account Signature

\_\_\_\_\_  
DATE