



# **AUTOMATIC PAYMENT OPTION FORM AUTHORIZATION AGREEMENT- LCFYMCA LICKING HEIGHTS**

I hereby authorize the LCFYMCA to automatically charge the account referenced below for my child's account balance. I understand that the balance for each weeks tuition will be charged the Friday prior to the start of each week.

Further, I understand that the charge to my account will take place on a weekly basis for the program in which my child is enrolled. It is my responsibility to check my credit card statement and report any discrepancies to the Child Care Director within 7 days of the charge in question. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment and any additional fees incurred. If full payment is not made I agree to pay for all fees associated with the collection of funds.

I understand that it is my responsibility to notify the LCFYMCA of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 7 business days in advance to the draft date.

This agreement will remain in effect until LCFYMCA receives a written notice of cancellation from me or until the end of program.

## **ACCOUNT INFORMATION**

Print your name as it appears on card or bank account: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CRV \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Zip Code: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_ First withdrawal date: \_\_\_\_\_

## **SIGNATURE**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Location: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Child # 2 Name: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Child #4 Name: \_\_\_\_\_

### **ODJFS Child Care Assistance and YMCA Scholarship Informa-**

Scholarships are available based on program capacity, demonstrated need and the YMCA's ability to fund the assistance. In order to provide the most assistance for the largest number of people, we request that you first determine whether you are eligible for child care assistance through the county in which you reside. Once approved, bring us a copy of your Notice of Approval and your YMCA Day Camp registration form. **Contact your County ODJFS office early as you must be approved in the online Ohio system before we can register your child.**

If it has been determined that you are ineligible for assistance through the county program, please ask for a letter of declination and we will gladly review your eligibility for assistance through the YMCA Scholarship Program. Scholarship applications are available at the Member Service Desk. Applicants need to supply their most recent W-2 forms and most recent tax returns.

Licking Heights South Provider #: 400672  
Licking Heights West Provider #:400567