

**Please print:**

Date: \_\_\_\_\_ School Site: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Account Holder's Name (please print): \_\_\_\_\_

If Credit Card Draft:  
 Please provide number here: \_\_\_\_\_ Exp. \_\_\_\_\_

For Bank Draft from checking account, please attach a voided check.

**AUTHORIZATION STATEMENT:** I (we) hereby authorize the Magdalena Ecke Family YMCA to initiate debits to the bank account attached. This authority is to remain in full force and effect until the YMCA or BANK has received 10 days written notification from me (us) of its termination in such a manner as to afford the YMCA or BANK a reasonable opportunity to act on it. A \$20 service fee will be applied for accounts returned unpaid, closed, or payment stopped. I understand there are no refunds given. I understand it is my responsibility to check my monthly bank statement and report any corrections immediately to the YMCA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 LB\_7/08

Date	Begin Date	First Month Fee	Exp. Date	ATS Draft Date	Childcare Packet	Initial	Comments	Initial

Please attach voided check below