



Teen/Childcare/Preschool ATS APPLICATION

Please print:

Date: _____ School site: _____ Child's Birth date: _____

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: _____
10/06