

LEBANON VALLEY FAMILY YMCA  
201 NORTH 7<sup>TH</sup> STREET  
LEBANON, PA 17046  
(717)273-2691

I authorize the Lebanon Valley Family YMCA to begin making (weekly/monthly) deductions from my (checking/savings) account for payment of my child care statement and the financial institution named below to initiate charges to my account. This authority will remain in effect until I notify you in writing to cancel it. Should the draft not be honored by the bank, it is understood that I am responsible for the payment plus a \$20 bad draft fee by cash, money order, or credit card within 7 days or my child will be withdrawn from the program.

NAME OF CHILD: \_\_\_\_\_

CHILD CARE SITE: \_\_\_\_\_

WEEKLY/MONTHLY FEE TO BE DRAFTED: \_\_\_\_\_

STARTING DATE OF DRAFT: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

NAME(S) AS SHOWN ON ACCOUNT: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE: TO ENSURE PROPER BANK CODING,  
PLEASE ATTACH A VOIDED BLANK CHECK**