

LEBANON VALLEY FAMILY YMCA
201 NORTH 7TH 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for the payment plus a \$20 bad draft fee by cash, money order, or credit card within 7 days or my child will be withdrawn from the program.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**