



Cumberland Cape Atlantic YMCA
2022-2023 Before & After School
Automatic Payment Plan Authorization Form
(OPTIONAL PAYMENT METHOD)

PRIMARY Member Name (Parent/Guardian): _____

Child's Name: _____

School Name: _____

Member ID: _____

- School Age Preschool
- AM PM AM & PM
- 5 day 4 day 3 day 2 day
- Mon Tues Wed Thurs Fri

Additional Child's Name: _____

School Name: _____

Member ID: _____

- School Age Preschool
- AM PM AM & PM
- 5 day 4 day 3 day 2 day
- Mon Tues Wed Thurs Fri

AUTOMATIC PAYMENT PLAN: The Cumberland Cape Atlantic YMCA (CCA YMCA) or YMCA of Vineland offers an automatic payment plan via our accounting software company called DAXKO. Monthly fees are automatically charged to a Bank, Credit Union, or Credit Card Company. There's no additional fee for this service.

- To enroll in the monthly draft you must select how many days of care you need and how you will pay monthly
- You may choose from once per month draft (20th of each month) or semi-monthly draft (split payments on the 5th and 20th of each month) – **option #4 below**
- Each months payment is for the upcoming month of care (example, October payments are for the month of November's care)

Bank/Credit/Debit Draft Agreement – PLEASE READ:

1. I understand that Daxko has been authorized as an agent on behalf of the CCA YMCA to initiate debit entries against my Checking/Savings Account or Credit/Debit Card. Also, I acknowledge that the origination of ACH (Automatic Clearing House) transactions to my account must comply with the provisions of United States Law.
2. I understand that Daxko, a U.S. corporation, will be processing electronic funds transfers. Debit to your account will be presented in your bank statements as "Cumberland Cape," and these funds will be electronically transferred to the CCA YMCA and posted to your child-care account monthly.
3. The CCA YMCA, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.
4. **All Before and After Care payments will be debited on the 5th and 20th or the 20th of each month (October-May) Please select your draft date.** 5th & 20th **OR** 20th

Please flip over to add payment information and authorization signature

Please note: if you opt to change the type of program (AM, PM, or both) or amount of days (5, 4, 3, 2 day options), you must submit a change form immediately.



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Choose which Payment Option below you wish to enroll in and fill out the required information.

Option 1: Credit/Debit Card: When using the credit/debit card payment method: Should any debit not be honored by my credit card company for any reason, I understand that I am still responsible for the payment plus a \$20.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company may require.

Print Name of Account Holder: _____

Is this the primary contact for all billing concerns/questions? YES NO

Credit Card Billing Address: _____

Card Type: AMEX Discover MasterCard Visa **Expiration Date:** _____ **Security Code:** _____

Print your 14 digit Credit or Debit Card Number in the spaces below:

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Option 2: Bank Draft/EFT: *Please include a voided check with this form* When using the bank draft/EFT method: Should any debit not honored by my bank/EFT account for any reason, I understand that I am still responsible for the payment, plus a \$30.00 service charge applied by the YMCA. This is in addition to may service fee my bank company may require.

Print Name of Account Holder: _____

Name of Bank: _____

Bank Routing/Transit Number:

Bank Account Number:

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Authorization: I hereby authorize the CCA YMCA to debit the above credit card/bank draft/EFT on the dates indicated for my 2022-2023 Before & After Care monthly payments. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____
Signature of Parent/Guardian

Date