



We build strong kids, strong families, strong communities.

**CHILD CARE CREDIT CARD DRAFT AGREEMENT
AUTO-DRAFT MONTHLY CREDIT CARD CHARGE PLAN**

CHILD(REN)'S NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE NUMBER (____) _____ WORK (____) _____

I HEREBY GIVE AUTHORITY TO THE METROPOLITAN YMCA OF THE ORANGES TO CHARGE MY CREDIT CARD FOR MONTHLY CHILD CARE PAYMENTS IN THE AMOUNT OF \$ _____ ON THE FIRST DAY OF THE MONTH. I UNDERSTAND ANY ADDITIONAL FEES INCURRED DURING THE MONTH WILL ALSO BE CHARGED TO MY ACCOUNT IN THE SUBSEQUENT MONTH.

VISA / MASTER CARD / DISCOVER	EXP. DATE
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AMERICAN EXPRESS	EXP. DATE
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SHOULD I DECIDE TO TERMINATE THIS AGREEMENT OR WITHDRAW MY CHILD(REN) FROM THE PROGRAM, I AGREE TO NOTIFY THE YMCA IN WRITING GIVING ONE MONTH'S NOTICE. AFTER RECEIPT OF WRITTEN NOTIFICATION, THE YMCA WILL END THE PRE-AUTHORIZED CHARGES AGAINST MY ACCOUNT AND WILL APPLY THE DEPOSIT TO THAT MONTH'S OBLIGATION.

THE YMCA RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT SHOULD THE AUTHORIZED CHARGE TO MY CREDIT CARD ACCOUNT BE DECLINED AFTER TWO CONSECUTIVE ATTEMPTS.

PARENT (GUARDIAN) /CREDIT CARD HOLDER'S SIGNATURE	DATE
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Please send this form to: Child Care Registrar
139 East McClellan Ave. Livingston, NJ 07039 Fax: 973-535-2786
Tel: 973-758-9622 www.metroymcas.org