



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ELECTRONIC FUNDS TRANSFER (EFT)
RELEASE FORM

I give permission for the YMCA of Greater Springfield to automatically withdraw payments for my Child Care Services from the financial account listed below:

Child's Name: _____

Child's date of Birth: _____

Printed Name on Account: _____

Routing Number: _____

Account Number: _____

Account type (please circle) Checking Savings

Child Care payments are due the Friday prior to each new week.

By signing this agreement, you acknowledge that using a bank account may take up to three business days to post to your account. You acknowledge that weekly payments must be paid prior to services rendered. Terminations are subject to two-week notices in which you are responsible for payment.

***I understand and agree to the forms and policies stated above. I understand that if my EFT payment is returned, I will be subject to a \$15 return fee.**

Account Holder's Signature: _____

Date: _____

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