



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD CARE AUTHORIZATION AUTOMATIC DEDUCTION/CHARGES WEEKLY

Child's name _____

Program name and location _____

CREDIT/DEBIT CARD INFORMATION

Bill my Mastercard Visa Discover Amex

Cardholder's Name _____

Cardholder's address _____
Street City State Zip

Credit/debit card # _____ Expiration date _____ Security Code _____
3 digits on back of card

CHECKING/SAVINGS ACCOUNT INFORMATION

Bankdraft my Checking Savings

Bank name _____

Account Holder's Name _____

Routing Number _____

Account Number _____

I authorize the The Granite YMCA to deduct **weekly** for my child's routine care from the above account. Should any charge or draft be returned or refused by my credit card or bank for any reason, I realize that I am still responsible for that payment, plus the \$20 service charge applied by the Y. This is in addition to any service fee charge by my financial institution.

Authorization includes payment upon registration for full day, snow day, extra day care, early release, vacation camps and when incurring no call and late pick up fees.

AUTHORIZATION SIGNATURE _____ **Date** _____

Return completed form to:

**YMCA of Downtown
Manchester**
Child Care Registrar
30 Mechanic Street
Manchester, NH 03101

**YMCA Allard Center of
Goffstown**
Child Care Registrar
116 Goffstown Back Road
Goffstown, NH 03045

YMCA of Greater Londonderry
Child Care Registrar
206 Rockingham Road
Londonderry, NH 03053

YMCA of Strafford County
Child Care Registrar
35 Industrial Way
Rochester, NH 03867

YMCA of the Seacoast
Child Care Registrar
550 Peverly Hill Road
Portsmouth, NH 03801