



It's deeper here.™

### EFT ACTIVITY AUTHORIZATION

- PRESCHOOL
- SCHOOL-AGE SERVICES
- CHARITABLE CONTRIBUTION (Annual Giving)

CENTER NUMBER \_\_\_\_\_

MEMBER NUMBER \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**

#### NAME

TITLE (Mr., Mrs., Ms., Dr.)	FIRST NAME	M.I.	LAST NAME	SUFFIX (Sr., II, III)
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#### HOME ADDRESS

STREET ADDRESS		P. O. BOX OR APARTMENT	
CITY	STATE	ZIP CODE	HOME PHONE (Include Area Code)

#### ACTIVITY INFORMATION

ACTIVITY TYPE	BILLING METHOD	BEGIN DATE	END DATE	ACTIVITY AMOUNT	NET AMOUNT
PRESCHOOL					
SCHOOL-AGE SERVICES					
ANNUAL GIVING					
<b>TOTALS</b>					

#### BANK DRAFT INFORMATION / ELECTRONIC FUND TRANSFER INFORMATION

**BANK DRAFT** (only available for annual giving)

CHECKING ACCOUNT    ACCOUNT NUMBER \_\_\_\_\_

SAVINGS ACCOUNT    BANK TRANSIT ROUTING NUMBER \_\_\_\_\_

**ELECTRONIC FUND TRANSFER** (available for pre-school, school-age services and annual giving)

VISA     AMEX    ACCOUNT NUMBER \_\_\_\_\_

MASTERCARD    EXPIRATION DATE (Month/Year) \_\_\_\_\_

DISCOVER    SECURITY CODE (3 or 4 digit on back of card) \_\_\_\_\_

**PRESCHOOL WITHDRAWALS OCCUR EVERY FRIDAY • SCHOOL-AGE SERVICES WITHDRAWALS OCCUR ON THE 1<sup>ST</sup> OF THE MONTH  
ANNUAL GIVING WITHDRAWALS OCCUR ON THE 15<sup>TH</sup> OF THE MONTH**

NAME OF BANK CUSTOMER / CARD HOLDER \_\_\_\_\_

FULL NAME OF BANK / CREDIT CARD COMPANY \_\_\_\_\_

BANK / CREDIT CARD COMPANY ADDRESS, CITY, STATE AND ZIP CODE \_\_\_\_\_

#### BANK DRAFT AUTHORIZATION / CREDIT CARD ELECTRONIC FUND TRANSFER AUTHORIZATION

TO THE Y OF CENTRAL MARYLAND (herein referred to as the Y): I have given my authority to the above named bank/credit card company to honor preauthorized drafts drawn by the Y on my account for the activity payments indicated above. It is understood that the Y's transmission of a preauthorized draft to the bank as payment becomes due and shall constitute valid notice of such payment due on the above named activity. When the bank/credit card company honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank/credit card company when received by them, then it is understood that the payment is to be made by me within three (3) days for the amount of said payment plus a service fee of \$25 applied by the Y (\$25 service fee not applicable on credit card payments). Bank Draft/Electronic Fund Transfer (EFT) is not a continuous plan. I understand preschool, school-age services, and/or charitable contribution will remain in effect until I have paid the full balance of my tuition and/or charitable contribution. Thereafter, the bank draft/EFT will stop. If I choose to terminate the bank draft/EFT prior to paying my tuition and/or charitable contribution in full, I understand I must initiate its termination by giving the Y 30 days written notice in advance of the date I wish the draft to stop. Failure to give 30 days written termination notice will result in that month's draft being non-refundable.

<b>X</b> _____		<b>X</b> _____	
NAME (please print)	DATE	SIGNATURE	DATE

**Y OF CENTRAL MARYLAND  
BANK DRAFT / ELECTRONIC FUND TRANSFER (EFT) AGREEMENT**

**Bank Draft/Electronic Fund Transfer (EFT) Plan**

1. I understand my preschool, school-age services, and/or charitable contribution will remain in effect until I have paid the full balance of my tuition and/or charitable contribution. Thereafter, the bank draft/EFT will stop. If I choose to terminate the bank draft/EFT prior to paying my tuition and/or charitable contribution in full, I understand I must initiate its termination by giving the Y 30 days written termination notice in advance of the date I wish the draft to stop. Failure to give 30 days written termination notice will result in that month's draft being non-refundable, even in the event I am withdrawing my child from the preschool or school-age services program. I further understand that all bank or credit card account information changes must be given to the Y with 30 days written notice in advance of the date I want the change to occur.
2. Should any preauthorized draft not be honored by my bank/credit card company, it is understood that the payment is to be made by me within three (3) days for the amount due plus a service fee of \$25 applied by the Y (\$25 service fee not applicable on credit card payments). If payment is not made within three (3) days, I understand the draft may be resubmitted to my bank/credit card company on the next available Y draft date to collect for that payment.
3. I understand that preschool drafts will occur every Friday of each month until my tuition is paid in full or I submit 30 days written termination notice of my bank draft/EFT agreement. I understand that school-age services drafts will occur on the 1<sup>st</sup> of every month until my tuition is paid in full or I submit 30 days written termination notice of my bank draft/EFT agreement. I understand my charitable contribution will occur on the 15<sup>th</sup> of every month until my contribution is paid in full or I submit 30 days written termination notice of my bank draft/EFT agreement.
4. A voided check is required with all bank draft applications. A copy of an unexpired credit card is required with all credit card EFT applications.
5. I understand that after two unpaid drafts, the Y may immediately terminate my preschool or school-age services enrollment and/or charitable contribution until I have brought all payments up to date.

**Y OF CENTRAL MARYLAND  
BANK DRAFT/EFT CANCELLATION POLICY**

**Ongoing Right to Cancellation**

After the first 30 days of bank draft/EFT for preschool, school-age services and/or charitable contribution, you may appear in person to cancel the remainder of your bank draft/EFT agreement at any time by giving the Y written notice 30 days in advance of the date you want to cancel. All fees paid are non-refundable.

**ACCEPTANCE**

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**MISSION:** The Y of Central Maryland is a human development organization dedicated to developing the full potential of every individual through programs that build healthy spirit, mind, and body for all.

**CHARACTER DEVELOPMENT IS IMPORTANT:** The Y of Central Maryland is committed to making values education a part of all we say and do. As a member of the national Character Counts! Coalition, we have selected four 'core' values: Honesty, Caring, Respect and Responsibility to teach and demonstrate in all our work with children and families at the Y.

**FINANCIAL ASSISTANCE:** The Y provides financial assistance to: at-risk youth; temporarily unemployed adults and families; and those with limited income. The Y's Financial Assistance Program is supported through Annual Giving contributions and the United Way of Central Maryland. If you need more information, contact a member of our staff.

**ANNUAL GIVING:** The Y of Central Maryland's Annual Giving Campaign funds are used to provide a Y experience for children, families and individuals who would otherwise not have an opportunity to participate in Y activities.

*A copy of our current financial statement is available upon request by contacting the Y of Central Maryland at 20 S. Charles St.,*

*Suite 600, Baltimore, MD 21201 or by calling 410-837-9622. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State for the cost of copying and postage.*

