# YWCA Central Maine – Pre-Payment Authorization (Credit/Debit)

## Personal Information

Child(ren) name(s) for accounts covered under this authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorizations**

I hereby authorize YWCA Central Maine to run the credit/debit card(s) listed in this agreement for total fees incurred as outlined in my childcare agreement(s) and guardian handbook(s), including, but not limited to, fees for tuition (regardless of attendance), ad-hoc extended care (late pickups or early drop-offs), yearly community access pass, registration, damages incurred, vacation care, snow days, and more. I authorize that my card(s) be run from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)  **Initial \_\_\_\_\_\_\_\_\_\_\_\_**

I understand that all fees for childcare are due weekly, and tuition must be paid the week prior to a child’s attendance. I agree to directly pay the fees associated with the terms of the agreement outlined in my childcare agreement(s) and guardian handbook(s), even if my child does not attend the program. **I understand that payments are made each Friday to cover the next week’s costs.** **Initial \_\_\_\_\_\_\_\_\_\_\_\_**

I understand that if the card(s) on file is/are declined, I am required to pay the amount due plus a $10 declined payment fee *in full via another payment source by the end of day Friday for the following week’s care.* **Initial \_\_\_\_\_\_\_\_\_\_\_\_**

I understand that failure to honor these terms may result in my account being forwarded to collections and credit reporting agencies. Additionally, failure to pre-pay for all childcare services and fees could result in your child’s immediate removal from the program(s)—i.e. your child may not be permitted to enter care on Monday if your full tuition/fees are not prepaid by end of day the preceding Friday. **Initial \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note:** If you require adjustments to this agreement (for example, running your card for the full prepaid amount monthly, bi-weekly, or on another day of the week; or running the card(s) for only part of the tuition due to shared custody agreements), arrangements must be made in advance with the Chief Operating Officer (contact in person, by phone at 207-795-4050, or by email at [mjackson@ywcamaine.org](mailto:mjackson@ywcamaine.org)).

**Credit/Debit Card Information (Primary—Required)**

Full Name of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit/Debit Card Information (Secondary—Optional)\***

\*to be used if the first card is declined in order to prevent interruptions in pre-paid care and/or additional fees for non-payment

Full Name of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only (to be completed by YWCA Staff) Estimated weekly fees** (Note: This amount is subject to change based on vacation care, snow days, damages incurred, late/early pickups/drop offs, etc. as outlined in the childcare agreement(s) and guardian handbook(s))

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Cost per Week** |
| ❒ | Regular Tuition / Parent Portion Child 1 |  |
| ❒ | Regular Tuition / Parent Portion Child 2 |  |
| ❒ | Regular Tuition / Parent Portion Child 3 |  |
| ❒ | Regular Tuition / Parent Portion Child 4 |  |
| ❒ | Regular Tuition / Parent Portion Child 5 |  |
| **TOTAL PER WEEK** | | **$** |