

# YMCA OF SPRINGFIELD

**SCHOOL AGE CARE – BANK DRAFT CHANGE** Date \_\_\_\_\_ Staff Initials \_\_\_\_\_  
\*staff must complete form\*

Billing Member/Parent Name _____	Birthdate _____
Child In Care _____	Location/School Site _____
Child In Care _____	Location/School Site _____
Child In Care _____	Location/School Site _____
Address _____	City _____ Zip _____
Phone # _____	E-Mail _____
<input type="checkbox"/> <b>New Address/Phone/E-mail Listed Above</b>	

**Change Bank Account:**

Changing bank accounts – collect voided check and new draft agreement. Notice is required 10 business days prior to draft date to make change.

Last draft date old account \_\_\_\_\_  
First draft date new account \_\_\_\_\_

Please confirm billing date.

- Monthly 1<sup>st</sup>**
- Monthly 15<sup>th</sup>**
- Bi-Monthly**

**Change Billing Amount:**

- New Schedule: 10 business days required to change. No credit will be issued for late notice of adjusted schedule.

Circle new Attendance Schedule

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

New monthly fee \$ \_\_\_\_\_

Last draft date old schedule \_\_\_\_\_  
First draft date new schedule \_\_\_\_\_

**CANCEL SCHOOL AGE CARE BILLING/DRAFT**

- Child no longer in program, cancel payment. Cancellation requires 10 business days advance notice. No credits will be applied for late notice.

FINAL DAY OF CARE \_\_\_\_\_  
LAST DRAFT DATE \_\_\_\_\_

**Payment on past due amount – Paid \$ \_\_\_\_\_**

- Check attached
- Add this payment to my next draft for child care services

(For Billing Office)-----

- Bank draft returns - transaction #51 for \$25 NSF fee and #67 the rest
- All check or cc returns – transaction #51 for \$25 NSF fee and #67 the rest

My signature confirms I have reviewed this form and the information contained is accurate.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_