



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

August 25, 2020

Re: YMCA Preschool Payments for 20-21 school year

Dear YMCA Preschool Families,

Due to our new policies this year, the YMCA Preschool classrooms will no longer be accepting in person payments to the teaching staff. We are asking that all families transition to automatic drafts. This makes tracking and payments easier for both the Y and the family. You can set up your automatic payment with your checking account or with a credit card using the form attached.

If automatic draft is not an option for your family, you also have the ability to make a payment or pay ahead by using our online payment link from our software provider, Daxko. To view scheduled payments or to make a payment, [CLICK HERE](#).

[<https://operations.daxko.com/Online/Membership/myaccount.aspx?cid=5039%20>]

Contact Debbie Rutherford (812-883-9622) or debbie@wcfymca.org at the YMCA for special draft dates, or your balance will be drafted on the first of every month for the half day classes or the beginning of each week for the all-day classes.

Please don't hesitate to reach out if you have questions.

Sincerely,

Ms. Robin Deaton
YMCA Preschool Director
Robin@wcfymca.org

Attachment: Preschool automatic payment form

WASHINGTON COUNTY FAMILY YMCA
1709 North Shelby Street, Salem IN 47167
P 812 883 9622 F 812 883 5374
www.wcfymca.org



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PRESCHOOL

Tuition Payment Form

1. Child's Name: _____
2. Parent/Guardian Name: _____
3. Payments are due on Monday of EACH Week for all day classes.
4. Payments are due on the First of EACH month for half day classes.
5. Payments will be scheduled to automatically draft from your checking account, debit or credit card.
6. Only under approved circumstances will the Y accept cash or check. Approval will come from our Administrative Manager, Debbie Rutherford. Contact her at 812-883-YMCA (9622) or Debbie@wcfymca.org.

There will be a \$20 fee each time your Check/ACH Draft/Credit or Debit Card is returned/declined.

Account Holder Name: (PRINT) _____	Account Holder Signature: (SIGN) X _____
Debit/Credit Card Authorization: Card Type: _____ Card Number: _____ Expiration: _____ Security Code: _____ Zip: _____ Card Holder Signature: _____	
EFT Checking Authorization (include Void Check for verification): Routing Number: _____ Account Number: _____	

BY SIGNING THIS AUTHORIZATION FORM I UNDERSTAND THE INDICATED AMOUNT WILL BE DRAFTED FROM MY ACCOUNT ON THIS SCHEDULE.

AMOUNT: \$ _____ FREQUENCY: MONTHLY/WEEKLY (circle one)

Signed: X _____ Date: _____