

# ELECTRONIC PAYMENT FORM



Child's Name: \_\_\_\_\_ Child's Classroom/ School Site: \_\_\_\_\_

Parent Name: \_\_\_\_\_

For your convenience, YWCA Young Wonders offers the option to charge your credit or debit card for your fees. This option can be set-up for weekly, bi-weekly, or monthly deductions. If you are interested in utilizing either of these options, please complete the following information. If you have any questions, please contact accounts receivable at (309) 662-7826, ext. 256.

**Young Wonders early learning parents** are responsible for updating the bill payment form at the start of your child's transition into a new room. **Young Wonders youth development and part-time early learning parents** are responsible for updating the bill payment form at the start of every school year.

## CREDIT CARD WITHDRAWAL INFORMATION

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Card Type:  MasterCard  Visa  Discover Card Number: \_\_\_\_\_

3-digit SW2 number (on back): \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_ To be billed:  Weekly  Bi-weekly  Monthly

Cardholder Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Effective Dates – Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## EFT WITHDRAWAL INFORMATION

Name on Account \_\_\_\_\_ Name of Bank \_\_\_\_\_

Account Type:  Checking  Savings Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_ To be billed:  Weekly  Bi-weekly  Monthly

Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Effective Dates – Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*Please submit a voided, unused personal check or deposit slip from the designated account to begin transactions.*