

monthly draft authorization agreement

This form must be filled out completely in order to process your payments. Thank you.

Payee (name on account) _____ Payee
DOB _____

Mailing Address _____
Street Town State Zip

<p><input type="checkbox"/> Bank Account</p> <p>Bank Name _____</p> <p>Transit # _____</p> <p>Account # _____</p> <p>(Voided check must be attached here)</p> <p>Draft Amount \$ _____</p> <p>Date of First Draft _____</p>	<p><input type="checkbox"/> Credit Card Account</p> <p>Credit Card Type _____</p> <p>Card Holder Name _____</p> <p>Credit Card # _____</p> <p>Expiration Date _____ V-code _____</p> <p>_____ Signature of Card Holder</p> <p>Draft Amount \$ _____</p> <p>Date of First Draft _____</p>
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I hereby authorize the YWCA Greater Newburyport to debit my bank/credit card account to the amount owed by me, by initiating debit entries into my account as indicated above. This draft authorization may be extended or used for other YWCA Greater Newburyport programs with my verbal authorization.

Authorized Signature _____ Date _____

for office use only

Participant(s)	DOB	Program	Draft amount per Participant
			\$
			\$
			\$
			\$
Total Draft Amount			\$

Check all that apply

Program Name	Date
<input type="checkbox"/> Children's Center (if 2 drafts/month)	2 nd
<input type="checkbox"/> School's Out/YWkids	15 th
<input type="checkbox"/> Children's Center (if 1 or 2 drafts/month)	16 th

Start Date of Drafts _____
End Date of Drafts _____
Staff Initials _____