

4775 Wetzel Road ♦ Liverpool, NY 13090 ♦ (315) 451-2562 ♦ fax (315) 451-2565

Preschool Automatic Payment Plan

North Area Family
2019/2020 School Year

- Please use the card listed for a one time charge (September tuition)
 - Lump Sum: \$ _____
 - Go Green!** Paperless Automatic Payment Plan
- Credit Card last four digits: _____ Expiration date: _____

I authorize the YMCA of Greater Syracuse, Inc. to charge the account below for my monthly preschool payments. Tuition will be deducted on the 20th of the prior month and will continue until I withdraw in writing from the program. I understand, I must notify the YMCA when I receive a new credit card/expiration before activation. If my credit card company declines payment, I will make payment of the monthly tuition, plus the \$20.00 Administrative fee.
Debit schedule is: 9/20/19 through 5/20/20.

Child's Name: _____

Contact Person: _____ Phone: _____

Email receipts to: _____ @ _____

Signature of Authorized Person _____ Date _____

Account Information: New agreement Update information

Name (as it appears on card): _____ Billing Zip Code: _____

Amount to be charged: \$ _____ Effective Date: _____

Type of Card: MasterCard Visa Discover American Express

Account Number: _____ Expiration Date: ____/____ Security Code: _____

Email Linda before you activate a new credit card, Lspier@syracuseymca.org.

Signature of Authorized Person _____ Date _____