

DEKALB COUNTY AUTO PAY ENROLLMENT

We are pleased to offer an automatic payment draft service to you at no additional cost. Our automatic draft service can save you time, postage and ensure that your payment is made on time. The Cowart Family Ashford Dunwoody YMCA will work directly with your financial service provider to keep you advised of your Before and After school billing through a monthly statement. This statement will notify you of the amount of your monthly Before and After school bill, the amount to be deducted from your account (total billing amount) and the date the payment will be deducted (due date). Your financial service provider will also advise you through your monthly statement of all draft payments.

Paying by automatic draft is particularly convenient for people who travel, those who have multiple accounts to manage or anyone with a hectic schedule. Paying by automatic draft lets the Cowart Family Ashford Dunwoody YMCA and your financial service provider do this work for you.

Enrolling in our "Automatic Processing through Credit Card Draft" is easy. Just complete and sign the authorization form below and return to Cowart Family Ashford Dunwoody YMCA. (You may also return it along with your bill in the enclosed envelope.) After you return these to us, your account will be active and all subsequent bill payments will be automatically deducted from your credit card account between the 1st and the 5th of the month. You may enroll in, change accounts, or stop paying by automatic draft anytime by providing the YMCA with a 30 day written notice of cancellation.

For additional information or if you have questions about the automatic payment method, please call the YMCA at 770-451-9622, Monday – Friday, 9:00 AM – 5:00 PM.

COWART FAMILY ASHFORD DUNWOODY YMCA

3692 Ashford Dunwoody Road

Atlanta, GA 30319

Phone: 770-451-9622 Fax: 770-451-2217

Please Print:

Child's Name: _____ Parent's Name: _____ School Name: _____

Name on Card: _____ E-mail: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Credit Card: Visa Master Card Discover

Credit Card #: _____ - _____ - _____ - _____ Expiration: _____ / _____
(Month) (Year)

I authorize the Cowart Family Ashford Dunwoody YMCA to debit / charge the account listed above for the payment amounts listed below in the payment schedule on the 1st business day of each month as indicated. I do not hold the YMCA accountable or responsible for any financial fees or charges associated with my financial service provider when conducting this transaction.

Signature on Card: _____ Date: _____

PROGRAM MONTH	PROGRAM DATES	PAYMENT AMOUNT	PAYMENT DUE	PROGRAM MONTH	PROGRAM DATES	PAYMENT AMOUNT	PAYMENT DUE
August	8/11 – 8/29	\$ 195.00	Upon Enrollment	January	1/5 – 1/30	\$ 260.00	Jan. 2 nd
September	9/1 – 10/3	\$ 325.00	Sept. 1 st	February	2/2 – 2/27	\$ 260.00	Feb. 2 nd
October	10/6 – 10/31	\$ 260.00	Oct. 1 st	March	3/2 – 4/3	\$ 325.00	Mar. 2 nd
November	11/3 – 11/21	\$ 195.00	Nov. 3 rd	April	4/13 – 5/1	\$ 195.00	Apr. 1 st
December	12/1 – 12/19	\$ 195.00	Dec. 1 st	May	5/4 – 5/22	\$ 195.00	May 1 st