



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

METROWEST YMCA

Education Credit Card Authorization Form School year 2018-2019

Personal Information

Guardian Name _____

Address _____

Preferred phone # _____

Child/ren's name/s _____

Program site/s _____

Credit Card

Name on credit card _____

Card type MasterCard VISA Discover American Express

Card Issuer (Bank name) _____

Card Number _____

Expiration Date _____

CVC code _____

Please charge the appropriate registration fee to my credit card.

New child \$60

Returning child \$30

Please charge my credit card automatically on Monday before care is provided for the amount due on my Early Learning and School's Out account. I realize that if my credit card number changes or I no longer wish to make my weekly payments this way, I need to submit in writing any changes to the Education Billing Coordinator by the Wednesday before my credit card is scheduled to be charged.

Signed _____

Date _____