

Beginning July 1, 2019 payments must be drafted automatically via credit card or bank account. Effective immediately cash will no longer be accepted for childcare payments.

1. All payments are due the Friday **prior** to the week of care. As of July 1, 2019 payment will be drafted the Friday **prior** to the week of care.

2. Primary Billing and Payment Contacts:
 - a. Pollie Fife, Child Care Business Coordinator
 - i. 724-287-0045 opt 1, 724-287-4744 ext 135 or pfife@bcfymca.org
 1. Enters fees and registrations into the accounts.
 2. Questions regarding your account balance.
 - b. Cheryl Sanderson , Accounting Specialist
 - i. 724-287-4733 ext 125 or csanderson@bcfymca.org
 1. Processes all payments for childcare.

Preferred Payment Method Agreement

Please choose from one of the following 2 options for your preferred method of payment for childcare.

1. I prefer to have an automatic credit card draft set up for my account.
 - Type of card _____
 - Name on the card _____
 - Last 4 digits of the card # _____
 - Please Draft starting (circle one of the options below):
 - Weekly
 - Bi-weekly
 - Monthly
 - ii. *If the above card is not currently on file, please contact Pollie Fife 724-287-0045, ext 135 or pfife@bcfymca.org
2. I prefer to have my bank account drafted for my account.
 - Name of the bank _____
 - Name on the account _____
 - Last 4 digits of the account # _____
 - Please Draft starting (circle one of the options below):
 - Weekly
 - Bi-weekly
 - Monthly
 - iii. *If the above account is not currently on file, please contact Pollie Fife 724-287-0045, ext 135 or pfife@bcfymca.org

Any special instructions: (such as bi-weekly on pay weeks beginning June 7th or monthly on the 15th)

Please tell us how you wish to receive your correspondences

I prefer to receive invoices and receipts:

- By e-mail
- Printed (will be in the youngest child's classroom)
 - Weekly
 - Bi-weekly
 - Monthly

I understand that you will draft my card/account as requested until December 31st 2019 unless I've submitted a formal stop request. As of January 1, 2020 I will need to submit a new Preferred Payment Method Agreement.

Parent's Signature _____ Date _____

E-Mail _____

This information will be kept confidential and used for YMCA childcare billing only. Please place in the enclosed envelope, and return it to the Butler YMCA Welcome Desk.

