



Greater Morristown YMCA

# Child Care

## CREDIT CARD Payment AUTHORIZATION

Richard F. Blake Center     The Children's Corner     Y Kids After School Program

Allamuchy Early Childhood     Backyard Kids Summer Camp     Little Stars Extended Day Program

Child NAME: \_\_\_\_\_

Child NAME: \_\_\_\_\_

Parent/Guardian NAME: \_\_\_\_\_

<input type="checkbox"/> ONE-TIME
<input type="checkbox"/> Monthly

**\*\*PLEASE NOTE:** Monthly charges are processed in full between the 1<sup>st</sup> and 6<sup>th</sup> of each month.

Visa/MC                    Exp:     Sec Code:

AMEX                Exp:     Sec Code:

Discover                    Exp:     Sec Code:

House/Apt # associated with card # above: \_\_\_\_\_ Zip Code associated with card # above: \_\_\_\_\_

By my signature, I hereby give authority to the Greater Morristown YMCA to charge payment(s) of \$ \_\_\_\_\_ to the credit card above for childcare fees.

I understand that the Greater Morristown YMCA reserves the right to terminate this agreement should the authorization to charge the above credit card account be declined by the authorization center.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

