Holly Pond School 2017-2018
Credit Card or EFT Authorization Form

Dear Holly Pond School Parents:

We are happy to provide you with this Payment Method. We feel it will provide an easier and more convenient way to remit your school payments.

Once you have returned your signed form I will calculate your payments and return a copy of the form to you.

If you have any questions, please call me at 655-8228 ext. 1309.

Thank You,

April F. Greene
Youth Services Director

PLEASE PRINT LEGIBLY

Child's Name ______

CREDIT CARD	EFT
Name on Account _____	Name on Account _____
Credit Care # _____	EFT Routing # _____
Expiration Date _____	EFT Account # _____
Type of Credit Card	Account Type ___ Checking ___ Savings
___ Amex ___ MC ___ Visa	

Street Address _____

Zip Code _____

Telephone # _____

E-Mail Address _____

I, _____, authorize the Darien YMCA to charge my credit card and or my bank account the sum of _____ on the 15th of February, 15th of May, 15th of September and the 15th of November 2017.

Signature _____Date: _____

If your credit card or EFT is declined, our staff will re-submit the following day. If it is declined again, a $10 service fee will be charged