

Somerville YMCA Child Care  
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing, with at least a one week notice.

Name of Parent: \_\_\_\_\_

Day time Contact number: \_\_\_\_\_

Name of Child/ren: \_\_\_\_\_

Name of School/OST Site: **(Please circle one)** Webster Franklin SACC Preschool

Payment information:

I authorize the Somerville YMCA to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_

Frequency: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Start Billing on: \_\_\_\_\_

Credit Card Information:

Credit Card Type: Please Circle  
Master Card      Visa      Discover      American Express

Number \_\_\_\_\_ Expires: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This payment is a continuous withdrawal with the option to stop at anytime with a written notice of a one week minimum to the financial office.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_