



Cumberland Cape Atlantic YMCA 2025-2026 Before & After School Automatic Payment Plan Authorization Form (OPTIONAL PAYMENT METHOD)

Daxko # _____ Date _____

Primary Parent's Name: _____

Child's Name: _____

School Name: _____

☐ Before ☐ After ☐ Both Circle days - M T W Th F

Additional Child's Name: _____

School Name: _____

☐ Before ☐ After ☐ Both Circle days - M T W Th F

AUTOMATIC PAYMENT PLAN: The Cumberland Cape Atlantic YMCA (CCA YMCA) or YMCA of Vineland offers an automatic payment plan via our accounting software company called DAXKO. Monthly fees are automatically charged to a Bank, Credit Union, or Credit Card Company. There's no additional fee for this service.

Bank/Credit/Debit Draft Agreement:

- I understand that Daxko has been authorized as an agent on behalf of the CCA YMCA to initiate debit entries against my Checking/Savings Account or Credit/Debit Card. Also, I acknowledge that the origination of ACH (Automatic Clearing House) transactions to my account must comply with the provisions of United States Law.
- I understand that Daxko, a U.S. corporation, will be processing electronic funds transfers. Debit to your account will be presented in your bank statements as "Cumberland Cape," and these funds will be electronically transferred to the CCA YMCA and posted to your child-care account monthly.
- The CCA YMCA, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.
- All Before and After Care payments will be debited on the 5th and 20th or the 20th of each month (October-June) Please select your draft date.** ☐ 5th & 20th OR ☐ 20th

Choose which Payment Option below you wish to enroll in and fill out the required information.

Option 1: Credit/Debit Card: When using the credit/debit card payment method: Should any debit not be honored by my credit card company for any reason, I understand that I am still responsible for the payment plus a \$20.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company may require.

Print Name of Account Holder: _____ Is this the primary contact for all billing concerns/questions? ☐ YES ☐ NO **Credit Card Billing Address:** _____

Card Type: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa **Expiration Date:** _____ **Security Code:** _____

Print your 14 digit Credit or Debit Card Number in the spaces below:

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Option 2: Bank Draft/EFT: *Please include a voided check with this form* When using the bank draft/EFT method: Should any debit not be honored by my bank/EFT account for any reason, I understand that I am still responsible for the payment, plus a \$30.00 service charge applied by the YMCA. This is in addition to may service fee my bank company may require.

Print Name of Account Holder: _____ **Name of Bank:** _____

Bank Routing/Transit Number: _____ **Bank Account Number:** _____

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Authorization: I hereby authorize the CCA YMCA to debit the above credit card/bank draft/EFT on the dates indicated for my 2025-2026 Before & After Care monthly payments. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____

Signature of Parent/Guardian

_____ Date