

MONTHLY BANK DRAFT AUTHORIZATION FORM

Franklin County Family YMCA
P:\pub\Forms\bankdraft revised 0106\asb

The YMCA offers a monthly bank draft service for monthly membership fees. If you would like your membership fee deducted directly from your checking account on a monthly basis, please complete this form.

This completed form should be turned in to the YMCA Front Desk for processing. Please Note: Prior to authorizing this monthly bank draft, the applicant must complete a membership application form, pay the current Joiner Fee, and pay the first month's membership fee.

I understand and agree to the following:

- 1) Monthly bank drafts are continuous **AND MAY ONLY BE CHANGED OR CANCELLED WITH 30 DAYS ADVANCE WRITTEN NOTICE** to the YMCA. (Cancel request forms available at YMCA front Desk.) In order to re-activate a lapsed membership, the current Joiner Fee must be paid in addition to monthly dues. (Please initial _____)
- 2) Should any membership draft not be honored by my bank for any reason, **I REALIZE I AM STILL RESPONSIBLE FOR THAT PAYMENT PLUS A MINIMUM \$10 SERVICE CHARGE APPLIED BY THE YMCA.** This is in addition to any service fee that my bank may charge me. (Please initial _____)
- 3) The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that notice of any change will be mailed to my address of record at least four weeks prior to any change. (Please initial _____)
- 4) **I am attaching a VOIDED check as required.** (This MUST contain current bank name, account number, and transit routing number.) A deposit slip is only acceptable for a savings account.
- 5) I am authorizing Franklin County Family YMCA to initiate a monthly debit to the bank account listed below:

PRINT NAME OF FIRST PERSON LISTED ON MEMBER APPLICATION	HOME PHONE #	DATE OF BIRTH
PRINT NAME LISTED ON BANK ACCOUNT IF DIFFERENT FROM NAME OF FIRST PERSON LISTED ON MEMBER APPLICATION	HOME PHONE #	DATE OF BIRTH
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS LIST BANK ACCOUNT NUMBER	BANK NAME	MONTHLY DEBIT AMOUNT
		\$

I understand and agree to all of the above:

Signature of member that is first person listed on YMCA member application _____

Signature of person listed on above bank account if different from above _____

Date Submitted _____

YMCA STAFF to complete this section BEFORE member leaves Front Desk	
I have advised member the date of first bank draft which should be on →	FIRST BANK DRAFT DATE :
I have checked to be sure ALL of required information above is listed.	
Staff Initials _____	Date _____



Franklin County Family YMCA 235 Technology Drive P.O. Box 720 Rocky Mount, VA 24151

We build strong kids, strong families, and strong communities.