

MONTHLY BANK DEBIT AUTHORIZATION FORM

The YMCA offers a monthly checking/savings debit service for membership fees. If you would like your membership fee deducted directly from your checking/savings 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 checking debit the applicant must complete a membership application form, pay the current Joining Fee and pay the first month's membership fee.

I understand and agree to the following:

- 1) Monthly checking/savings debits are continuous AND MAY ONLY BE CANCELLED WITH 15 DAYS ADVANCE WRITTEN NOTICE to the YMCA. (Cancel request forms available at YMCA front Desk) In order to reactivate a lapsed membership the current Joining Fee must be paid in addition to monthly dues. (Please initial _____)
- 2) Should any membership debit not be honored by my bank for any reason, I REALIZE I AM STILL RESPONSIBLE FOR THAT PAYMENT PLUS THE CURRENT 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 on 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 _____

Pubs/Forms/bankdraft rev. 2/09 mam

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 →

I have checked to be sure all of required information above is listed.

Include this form with your shift report.

FIRST BANK DEBIT DATE :

Staff Initials _____ Date _____

