

MONTHLY DEBIT/CREDIT CARD PAYMENT AUTHORIZATION FORM

Franklin County Family YMCA

The YMCA offers a monthly debit/credit card payment service for monthly membership fees. If you would like to use your debit/credit card to pay your membership 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 the monthly debit/credit card draft the applicant must complete a membership application form, pay the current Joining Fee and the first month's membership fee.

I understand and agree to the following:

- 1) Monthly debit/credit card payments are continuous AND MAY ONLY BE CHANGED OR CANCELLED WITH 15 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 Joining Fee must be paid in addition to monthly fee. (Please initial _____)
- 2) Should any membership debit not be honored, I REALIZE I AM STILL RESPONSIBLE FOR THE PAYMENT PLUS THE SERVICE CHARGE APPLIED BY THE YMCA. (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 authorizing Franklin County Family YMCA to initiate a monthly charge to the debit/credit card account listed below:

PRINT NAME OF FIRST PERSON LISTED ON MEMBER APPLICATION	STREET # OR PO BOX # _____ ZIP CODE _____	DATE OF BIRTH
PRINT NAME ON DEBIT/CREDIT CARD IF DIFFERENT FROM NAME OF FIRST PERSON LISTED ON MEMBER APPLICATION	STREET # OR PO BOX # _____ ZIP CODE _____	DATE OF BIRTH
DEBIT/CREDIT CARD NUMBER _____-_____-_____-_____ Expiration Date: _____	TYPE OF ACCOUNT <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	MONTHLY DRAFT 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 debit/credit card account if different from above _____

Date Submitted _____

Pubs/Forms/bankdraft revised 0106/asb

<u>YMCA STAFF</u> to complete this section before member leaves the Service Desk	
I have advised member the date of first debit/credit card draft date →	FIRST DEBIT/CREDIT CARD PAYMENT DATE : _____
I have checked to be sure all of required information above is listed.	
Staff Initials _____ Date _____	

