



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# DRAFT FORM

PLEASE COMPLETE FORM TO ENROLL IN CONTINUOUS AUTOMATIC DEDUCTION.

## PRIMARY MEMBER'S INFORMATION

Full Name::	<input type="text"/>	DOB:	<input type="text"/>
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## OPTION 1: Credit Card Draft Information

CREDIT CARD TO BE DRAFTED			
Name on Card:	<input type="text"/>	Last 4 Digits:	<input type="text"/>
		EXP:	<input type="text"/>
House #:	<input type="text"/>	Zip Code:	<input type="text"/>

## OPTION 2: Bank Draft Information

BANK ACCOUNT TO BE DRAFTED	
Name on Account:	<input type="text"/>
Draft From:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Attach Voided Check Here For  
the Account that is to be Drafted:**

**I understand and agree to the following:**

1. Monthly bank draft payments are continuous AND MAY ONLY BE CHANGED OR CANCELLED WITH 30 DAYS ADVANCE WRITTEN NOTICE turned into the YMCA.
2. Should any transaction(s) not be honored, I REALIZE I AM STILL RESPONSIBLE FOR THE PAYMENT PLUS THE RETURN FEE APPLIED BY THE YMCA.
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.

Signature of Responsible Party Agreeing to Draft Payment \_\_\_\_\_

YMCA STAFF USE ONLY		
FIRST BANK DRAFT CARD PAYMENT DATE: _____	Staff Initials _____	Date: _____