FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Electronic Funds Transfer Authorization Agreement

Terms and Conditions:

1. I understand that this is a continuous membership or program plan, and will remain in effect for as long as I retain the YMCA's membership cards issued to me or remain enrolled in the YMCA specific program.
2. I understand that if I wish to terminate or change my membership/program enrollment in any way, I must give the YMCA a 30-day written notice. I understand that I must turn in all of my membership cards upon termination and that I will receive temporary cards for the balance of the time I have paid for or will be paying for.
3. The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my membership/program category once per year. I understand that I will receive at least four weeks notice prior to any such change in my membership/program fees.
4. Should any membership/program deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than $25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.
5. Membership cards remain the property of the YMCA and must be surrendered upon request.
6. I hereby authorize the YMCA to initiate electronic fund entries to the bank account or credit/debit card listed below.

DRAFT DATE _____ **5TH OF THE MONTH** _____**20TH OF THE MONTH**

SIGNATURE _____ **DATE** _____

BANK'S ROUTING/TRANSIT NUMBER | | | | | | | | | |

CHECKING/SAVINGS ACCOUNT NUMBER | | | | | | | | | | | | | | | | |

BANK NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CREDIT OR DEBIT CARD NUMBER: | | | | | | | | | | | | | | | | |

EXPIRATION DATE: | | | | |

CVV NUMBER: (3-DIGITS BY SIGNATURE LINE) | | | |

TYPE: _____**VISA** _____**MASTERCARD** _____**DISCOVER** _____**AMERICAN EXPRESS**

NAME ON CARD:_____

MONTHLY MEMBERSHIP DUES OR PROGRAM FEES AMOUNT: $_____

TO BE DEBITED/CHARGED ON 5TH OR 20TH OF EVERY MONTH BEGINNING ON_____.