



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Continuous Payment Plan Authorization Agreement

I hereby authorize the YMCA to initiate automatic payment entries to my:

Checking Savings

From the Financial Institution named below: **ATTACH VOIDED CHECK OR COPY OF CHECK**

Financial Institution _____

Routing Number _____ Account Number _____

OR

Visa MasterCard Discover American Express

Name & Billing Address of Credit Card _____

Credit Card Number _____ Exp. Date _____ CVV _____

Terms and Conditions

Please read and initial the following items:

- I authorize the YMCA and the financial institution named above to withdraw the amount of \$ _____ from my account on the fifteenth of each month for my membership.
 _____ Member's Initials
 I would like towel service, please add \$6/\$12 monthly to my draft.
 _____ Member's Initials
- I would like to support the Y's Annual Campaign with a \$ _____ monthly donation on the fifteenth of each month.
 _____ Member's Initials (Optional)
- I would like to support the Y's Annual Campaign with a one-time donation of \$ _____. Please draft my donation on _____. Member's Initials (Optional)
- I understand that if and when the YMCA membership amount changes, I will be notified 30 days in advance of the new amount that will come out of my account.
 _____ Member's Initials
- I understand that if I wish to terminate my membership or change my membership in any way, I must give the YMCA a 30 day written notice, otherwise it will perpetually renew.
 _____ Member's Initials
- Should my membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, and subject to a Service Charge of no more than \$25 applied by the YMCA. 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.
 _____ Member's Initials
- If I use a credit card, I realize it is my responsibility to update my information when the card expires.
 _____ Member's Initials

Name (Please Print) _____

Signature _____ **Date** _____

Member Name (if youth): _____

Y Use Only

Entered in Daxko by _____

Reviewed by _____