



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Continuous Plan Authorization Agreement:**

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

Checking     Savings     Visa     MasterCard     Discover

from the Financial Institution named below: **(ATTACH VOIDED CHECK OR COPY OF CHECK)**

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name as it Appears on Credit Card \_\_\_\_\_

Billing Address of Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date of Credit Card \_\_\_\_\_

**Terms and Conditions**

**Please read and initial the following items:**

1. 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**
2. I would like to support the Y's Annual Campaign with a \$\_\_\_\_\_ monthly donation on the fifteenth of each month.  
\_\_\_\_ **Member's Initials** (Optional)
3. I would like to support the Y's Annual Campaign with a one-time donation of \$\_\_\_\_\_. Please draft my donation on \_\_\_\_\_. **Members's Initials** (Optional)
4. 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**
5. 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**
6. 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**
7. **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 \_\_\_\_\_