

Membership Type _____
(For YMCA Use Only)

Membership ID # _____
(For YMCA Use Only)

SOMERVILLE YMCA DRAFT AUTHORIZATION

Member Name _____ Telephone # _____

Address _____ City _____ Zip _____

MONTHLY DRAFT AUTHORIZATION AGREEMENT

I hereby authorize the Somerville YMCA to debit my bank or credit card account for the amount owed by me by initiating debit entries to my account indicated below and I authorize and request that my bank or credit card company accept any debit entries initiated by the Somerville YMCA to my account, without responsibility for the correctness thereof:

I have given authority to _____ (Name of Bank or Credit Card Company) to honor preauthorized withdrawal by you on my account for membership payments as indicated below. It is understood that your sending of the preauthorized withdrawal to the bank or credit card company as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank/credit card company honors the preauthorized withdrawal by charging my account, such withdrawal shall constitute my receipt for payment. Should any preauthorized withdrawal not be honored by my bank or credit card company when received by them, then it is understood that the payment is to be made by me directly to the YMCA in the amount of said payment plus any applicable fees.

YMCA PARTNERS WITH YOUTH FUND

I would like to make an optional tax deductible donation to the Somerville YMCA in support of the Partners With Youth Program through the monthly draft program. I give the Somerville YMCA permission to draft my account \$ _____ per month in addition to the membership amount as listed below.

COMPLETE FOR BANK ACCOUNT WITHDRAWAL or COMPLETE FOR CREDIT CARD WITHDRAWAL

Checking Savings

Bank Name _____

Bank Routing/Transit Number _____
(must have 9 digits)

Your Account Number _____

Monthly Membership Draft Amount \$ _____

Monthly Contribution Draft Amount \$ _____
(Optional/See Above)

Total Monthly Draft Amount \$ _____
(All drafts are made on the 15th day of the month)

MasterCard Visa Discover

Name on Credit Card _____

Account Number _____

*Expiration Date _____

*to avoid reinstatement fees you must update your credit card before this date

Signature _____

Monthly Membership Draft Amount \$ _____

Monthly Contribution Draft Amount \$ _____
(Optional/See Above)

Total Monthly Draft Amount \$ _____
(All drafts are made on the 15th day of the month)

OR

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- The bank/credit card draft is a continuous membership plan. I understand that my membership will remain in effect until I initiate its termination using the termination procedure as outlined below.
 - I understand that if I wish to terminate or change either my membership status or my bank/credit card information, in any way, I must give the YMCA written notice on or before the 1st day of the month. I will return my membership I.D. card(s) at that time, if applicable.
 - The YMCA may, at its discretion, adjust the monthly rate it charges for my membership. I understand that I will receive at least thirty (30) days notice prior to any such change.
 - Should a draft not be honored by my bank or credit card company for any reason, I understand that I must pay the amount of the draft plus a designated service charge directly to the YMCA within a thirty day period. I also understand that after two (2) uncollected drafts, the YMCA will immediately terminate my membership.
 - I understand that if my draft membership is terminated, either by me or the YMCA, I will be charged a \$100.00 fee to be reinstated on the draft system. This fee will be due and payable at time of renewal.

Member Signature

Date

Staff Initials