

NAME: _____

Membership: *Adult* ___ *Family* ___ *Youth* ___

Annual Support: ___

**Wayne County YMCA
Credit/Debit Authorization Form**

I (we) hereby authorize The Wayne County YMCA to initiate debit/credit entries to my (our) checking/savings/loan accounts indicated below at the depository financial institutions named below, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of the ACH transactions to my (our) account (s) must comply with the provisions of U.S. law.

Debit Account Information: Please Check: ___ Checking ___ Savings

Name of Financial Institution Address of Financial Institution – Branch, City, State & Zip

Account Title (name or business name on account)

Routing Number

Account Number

Terms:

Payment will be taken on a monthly basis on the first of each month.

Membership Deposit paid: \$: _____
Monthly Membership Debit Amount: \$: _____
Monthly Annual Support Debit Amount: \$: _____
Total Monthly Debit Amount: \$: _____
Beginning Draft Date: _____

- A voided check from your account must be included with this form to verify information.

You will receive notice prior to any yearly rate increases. This authority will remain in effect until the Wayne County YMCA receives a cancellation form. The notice of cancellation must be in writing and received one month prior to the requested termination date in order to give the YMCA and the bank ample time to stop the upcoming transaction. Forms can be obtained at the YMCA Front Desk.

I (we) agree with the terms and conditions of this service and verify that the above information is accurate and true. I (we) understand that I (we) may cancel this service at any time by filling out a cancellation form.

Authorized Signer (s)

Date

Authorized Signer (s)

Date

**Wayne County YMCA
Bank Draft Refund Policy**

After giving 30 days written notice to cancel a monthly bank draft, either for membership and/or program dues, there will be a 60 day grace period for refund of extra drafts, if applicable.

It is the responsibility of the member or program participant to notify the YMCA, within 60 days of cancellation, if the draft is continuing to be withdrawn from their account. The YMCA is not responsible for refund of payments withheld after this 60 day period. The member or program participant is advised to keep a copy of the written cancellation notice as proof of bank draft cancellation.

It is the responsibility of the member or program participant to check account statements to verify draft cancellation and notify the YMCA, within 60 days of cancellation, if the draft is continuing.

I have read the above statement on bank draft refunds. Furthermore, I understand and agree to this policy.

Authorized Signer (s)

Date