

**WAYNE COUNTY YMCA
BANK DRAFT CHANGE FORM**

NAME: _____ DATE: _____

CHANGE IN MEMBERSHIP:

I/We currently have a/an: Please Check: ___Adult ___ Family

I/We would like to change to Please Check: ___Adult ___ Family

Credit/Debit Authorization:

I (we) hereby authorize The Wayne County YMCA to change the entries to my (our) accounts that are currently on file and in use 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.

Terms: Payment will be taken on a monthly basis on the first banking day of each month. The current monthly debit of: \$_____ will be changed to the new debit of: \$_____. Changes will be put into effect on the first of: _____ (2 months from the first of the current month.)

The member will pay: \$_____ (Two months membership dues to cover the time it takes to put the changes into effect.)

Change in Bank Draft Account:

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

I (we) agree with the terms and conditions of this service and verify that the above information is approved by myself. I (we) understand that I (we) may cancel this service at any time after 6 months, by filling out a cancellation form.

Authorized Signer (s) Date

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