



**FRANKLIN COUNTY FAMILY YMCA  
CC/Debit Card Draft**

The YMCA offers a monthly debit/credit card payment service for monthly membership fees. If you would like to use your debit/credit card to pay your membership on a monthly basis, please complete this form.

**I understand and agree to the following:**

1) Monthly debit/credit card payments are continuous AND MAY ONLY BE CHANGED OR CANCELLED WITH 15 DAYS ADVANCE WRITTEN NOTICE to the YMCA. (Cancel request forms available at YMCA front Desk) In order to re-activate a lapsed membership the current Joining Fee must be paid in addition to monthly fee.

(Please initial \_\_\_\_\_)

2) Should any membership debit not be honored, I REALIZE I AM STILL RESPONSIBLE FOR THE PAYMENT PLUS THE SERVICE CHARGE APPLIED BY THE YMCA.

(Please initial \_\_\_\_\_)

3) The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that notice of any change will be mailed to my address of record at least four weeks prior to any change.

(Please initial \_\_\_\_\_)

4) I am authorizing Franklin County Family YMCA to initiate a monthly charge to the debit/credit card account listed below:

**Primary Member's Information**

<b>Name:</b>	<b>Date of Birth</b>	
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**CC/Debit Card to be Drafted**

<b>Name on Card:</b>	<b>Street Number# P.O. #</b>	<b>Zip Code</b>	<b>Date of Birth</b>
<b>Card Number:</b> ____ - ____ - ____ - ____	<b>Expiration Date</b>	<b>Card Type</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> DISCOVER	<b>Monthly Amount</b> \$

**I understand and agree to all of the above:**

Signature of member that is first person listed on YMCA member application \_\_\_\_\_

Signature of person listed on debit/credit card account if different from above \_\_\_\_\_

Date Submitted \_\_\_\_\_

<b>YMCA STAFF to complete this section before member leaves the Service Desk</b>	
I have advised member the date of first debit/credit card draft date →	
I have checked to be sure all of required information above is listed.	
Staff Initials _____ Date _____	FIRST DEBIT/CREDIT CARD PAYMENT DATE :