



**FRANKLIN COUNTY FAMILY YMCA
Bank Draft**

YMCA STAFF USE ONLY	
FIRST BANK DRAFT	
CARD PAYMENT DATE: _____	
Staff Initials _____	Date: _____

The YMCA offers a monthly Bank Draft payment service for monthly membership fees. If you would like to use your bank account to be drafted for your membership on a monthly basis, please complete this form.

I understand and agree to the following:

1) Monthly bank draft 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 _____)

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 the bank account if different from above _____

Date Submitted _____

Primary Member's Information

Name:	Date of Birth	
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CC/Debit Card to be Drafted

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