



**FRANKLIN COUNTY FAMILY YMCA**  
**Bank Draft**

<b>YMCA STAFF USE ONLY</b>	
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 30 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 \_\_\_\_\_

**Primary Member's Information**

Name:	Date of Birth:
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**Bank Account to be Drafted**

Name on Account:	Bank Name	Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Date of Birth:	Monthly Amount: \$
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**Attach Voided Check Here For  
the Account that is to be Drafted:**