



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP DRAFT AUTHORIZATION

Member (Youth) Name: _____ **Parent/Guardian Name:** _____

Type of Account: Credit Card Checking (*Please attach a blank voided check to this item*)

Membership Type: Youth

Date of Draft through June (circle one): 1st of every Month 15th of every Month

Donation option: To ensure the YMCA remains a vibrant community resource improving the health and well-being of our community, please add \$ _____ to my monthly bank draft in support of the Annual Fund Campaign.

Credit Card Information: MasterCard Visa Discover

Card Holder Name: _____ **Exp. Date:** _____

Account Number: _____ / _____ / _____ / _____

Billing Address: _____

Bank Draft Policies

_____ Bank Draft membership payments are continuous from month to month through June, until the member cancels the membership in writing.

_____ It is my complete understanding that if I wish to terminate my membership or change my membership in any way I must give the YMCA a written notice **5 days before my draft date**.

_____ The Malden YMCA drafts on the 1st or 15th of every month prior to the month of service.

_____ Should any membership debit/charge not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$10.00 service charge applied by the YMCA. This is in addition to the service fee my bank may charge

_____ Members who default on two bank drafts will immediately have their membership terminated until all payments are received.

_____ The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive notice at least 30 days prior to any such charge.

I have read the above policies and agree to abide by and authorize the Malden YMCA to debit the account above.

Payee(member) Signature _____ **Date:** _____