

Clay County YMCA Payment Form

ACH Authorization

I/We hereby authorize the Clay County YMCA, to initiate debit entries to my/our

(Please circle one) Checking Account Savings Account
 Credit Card Debit Card

Indicated below and the depository named below to debit the same such account.

For Checking or Savings Account:

Bank Name _____

City _____ State _____ Zip _____

Routing No. _____ Account No. _____

Or For Credit Card or Debit Card Accounts: (circle one) Master Card Visa

Credit Card Number _____ Expiration Date _____

The amount of \$ _____ will be deducted from the account each month

Starting on the _____ (1st or 15th) of _____ (month).

Today's prorated amount is \$ _____.

My first month of the 12 required monthly payments is _____ (month/year) and my last required payment will be _____(month/year).

Following this time my payments will continue on a month by month basis. This authority is to remain in full force and effect until this YMCA receives written notification from me/either of us 30 days in advance of cancellation to afford the YMCA staff a reasonable opportunity to act on the request.

The automatic bank draft amount is subject to change according to annual YMCA membership rate changes JANUARY 1st each year, with 30 days notice and the opportunity to cancel at that time.

It is the member's responsibility to update contact information and billing records including account information and credit card expiration date. Failure to do so will result in accrual of charges, associated fees and failure to participate in YMCA programs until past due amounts are paid in full.

*A voided check, savings account number deposit slip or copy of credit/debit card is required with all draft applications.

Date _____

Signature _____

Signature _____

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ACH Terms and Conditions

The Clay County YMCA is pleased to be able to offer the convenience of the ACH program to our members. It is with trust and understanding of the obligations of this contract we are able to do so.

I (we) understand and agree to the following as a participant of the ACH program:

_____1. Memberships are on a one year basis. If I (we) wish to stop the auto withdrawal plan before the year is complete, I (we) am/are responsible for the remaining balance of my annual membership.

_____2. The auto withdrawal process will remain in effect until the YMCA has received written notification 30 days prior to the day I wish to discontinue the withdrawals. If I (we) do wish to stop auto withdrawal prior to fulfilling the balance of each year's membership, the remaining balance will be due at that time.

_____3. I (we) understand if funds are not available at the time of my monthly withdrawal, funds will be collected electronically when available. A \$20.00 fee will be accessed for non-sufficient funds, closed accounts, stopped payment, etc.

_____4. I (we) understand that I (we) need to contact the YMCA only if I (we) choose not to continue a membership in to the following year. If I do not provide written termination 30 days prior to the end of each year's membership, my membership obligation will roll into a month to month membership commitment.

_____5. I (we) understand that the automatic bank draft is subject to change according to annual January 1st YMCA renewal rates.

_____6. I (we) authorize the Clay County YMCA, to initiate debit entries to the account identified and authorize the depository financial institution to post sure credits to my (our) account. Adjusting entries to correct errors are also authorized.

_____7. Changes or cancellations cannot be made to my (our) account by telephone, but must be provided in writing.

Signature

Date

Signature

Date

For office use only:

I have reviewed the terms and condition of membership with _____
and I have answered any questions.

Staff Signature: _____ Date: _____