

North Central Florida YMCA

AUTOMATIC PAYMENT AUTHORIZATION



SECTION 1: MEMBER INFORMATION (Primary Member)			
Last Name	First Name	MI	Membership Unit ID#
Membership Type (please circle one) YOUTH SENIOR COUPLE SENIOR COLLEGE ADULT SINGLE PARENT FAMILY FAMILY FAMILY PLUS			
Membership Term (please choose one)			
<input type="checkbox"/> REVOLVING (AUTOMATICALLY RENEWS) <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL			
<input type="checkbox"/> SINGLE TERM (CANCELS AT END OF A SPECIFIC AMOUNT OF TIME) <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL Term End Date _____			

SECTION 2: PAYOR INFORMATION (Authorized Account Holder)			
Last Name	First Name	MI	Relationship to Member
Address (if different from Member)			
City	State	Zip Code	Home Phone Number
Email Address	Work Phone Number	Cell Phone Number	

SECTION 3: ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT INFORMATION			Check here if Not Applicable <input type="checkbox"/>
Financial Institution Name	Branch City	Branch State	
Name on Account	Account Type (choose one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Transit / ABA Number	Account Number		

SECTION 4: CREDIT CARD ACCOUNT INFORMATION				Check here if Not Applicable <input type="checkbox"/>
Primary Account - Card Type (Circle One)	VISA	MASTERCARD	AMEX	DISCOVER
Name on Account	Account Number	Expiration Date		
Alternate Account (used if payment is declined on primary account)				
Card Type (Circle One)	VISA	MASTERCARD	AMEX	DISCOVER
Name on Account	Account Number	Expiration Date		

TERMS OF AGREEMENT	
Please read and acknowledge by initialing where indicated.	
1.	For EFT transactions, a voided check or savings account card must be attached to this form. Please initial _____
2.	All automatic draft payments, whether EFT or Credit Card, will be processed on or after the 15 th of the month. No changes for the current month can be made after the 10 th day of the month. Please initial _____
3.	I understand that bank drafts occur on the 15 th day of the month, and it is my responsibility to check my monthly statement and report any corrections immediately to the YMCA. Furthermore, I also understand that all types of bank drafts, including credit card drafts, returned for any reason including non-sufficient funds, account closed, incorrect expiration date, or any other reason, I will incur an automatic \$25.00 service fee and my membership will be put on financial hold until all appropriate fees are paid. Fees, schedules and times are subject to change. Please initial _____
4.	In granting this authorization, I understand membership dues may change and the monthly amount deducted from my account/charged to my credit card can be changed without a signed authorization. I acknowledge that I will be notified of such changes by the YMCA. Please initial _____
5.	I agree to be bound by all rules and regulations governing Electronic Funds Transfers and Credit Card Purchases. I agree to hold the North Central Florida YMCA harmless for any liability relating to this transaction, including, but not limited to bank overdraft or processing fees and/or over the limit fees associated with my bank account or credit card. Please initial _____
6.	I understand that this agreement to authorize automatic payment will remain in full force and effect until the North Central Florida YMCA has received written notification of my intent to cancel at least 15 days prior to the next scheduled draft date. Please initial _____
7.	I understand that, if I have a Revolving Membership, my membership dues will continue to be deducted until I submit written notice of my intent to cancel my membership with the North Central Florida YMCA. Please initial _____
I have read, understand and agree to all terms of this agreement and hereby grant authorization for the North Central Florida YMCA to initiate a monthly draft from my bank account or credit card.	
_____ Signature of Authorized Account Holder	_____ Date

OFFICE USE ONLY			
Date entered: _____	Staff Member: _____	Date audited: _____	Staff Member: _____