

**ENTER THIS INFORMATION - AFTER PAGE ONE OF MEMBERSHIP APPLICATION**



# the KEENE FAMILY YMCA

Type of change if other than below: \_\_\_\_\_  
Example: ABD ⇨ FBD

**APPLICATION FOR ELECTRONIC FUND TRANSFER**

BANK DRAFT TYPE (circle one):    NEW                  RENEWAL                  BANK CHANGE

***PLEASE NOTE: If this form is received AFTER the 1st of the month the bank change will not take affect until the following month's withdrawal.***

**What is the YMCA electronic fund transfer plan?**

The program provides a way to budget your annual Y membership fees on a monthly basis. With your authorization, the membership fees are deducted monthly from a checking account of your choosing.

**What are the benefits of such a program?**

**Affordability.** Monthly payments are easy on your budget. **Convenience.** You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no stopping at the Welcome Center every month and best of all it is free service. There is no extra charge for using the YMCA's electronic fund transfer payment plan [additional charges will apply if the account has insufficient funds to cover the monthly draft].

**Who is eligible for the electronic fund transfer plan?**

Any adult, 21 years of age and older, who has an account (checking, savings) at a participating financial institution.

**Terms and Conditions**

1. I understand that this is a continuous membership plan and will remain in effect for as long as I retain the Y's membership cards issued to me. Member's initials \_\_\_\_\_
2. *I understand that if I wish to terminate or change my membership in any way, I must do it in person at the Y Welcome Center and give the Y a 30-day written notice (emails or phone messages do not constitute a written notice).* I understand that I will be drafted on the 15th of the month after submitting a cancellation notice and that my membership will remain active for one month after that draft date. I understand that I will be required to pay a join fee if I choose to re-start my membership again in the future. Member's initials \_\_\_\_\_
3. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. My rate may also increase or decrease based on the age of the member as it applies to the membership category. I understand that I will receive at least four weeks notice prior to any such change in my membership fees. Member's initials \_\_\_\_\_
4. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge for no more than \$25 applied by the Y. This is in addition to any service fees from the bank. I understand that it is my responsibility to notify the Y in writing should I change my financial institution and or account at any time. Any membership attempting to draw on a non-existing account will be terminated. Member's initials \_\_\_\_\_
5. Membership cards remain the property of the Y and must be surrendered upon request. Members initials \_\_\_\_\_
6. I understand that I am required to pay both the join fee and the prorated amount for the remainder of this month at the time of this application in order to activate this membership. Member's initials \_\_\_\_\_

Member Name (please print) \_\_\_\_\_

Member Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

# APPLICATION FOR ELECTRONIC FUNDS TRANSFER

## Authorization Agreement

I hereby authorize the KEENE FAMILY YMCA to initiate electronic funds entries to my checking account. I have attached a voided check for proof of account ownership.

I authorize the financial institution named below to debit the following account and I will provide all information necessary for this transaction:

Name on Account: \_\_\_\_\_

Members name (if different from account): \_\_\_\_\_

Financial Institution name: \_\_\_\_\_

Transit/Routing Number: \_\_\_\_\_ Account #: \_\_\_\_\_

**This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership, and that membership fees are non-refundable.**

Account Holder's Signature: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

*This must be signed at the Keene Family YMCA all other info can be filled out prior to coming in.*

**TAPE CHECK HERE**



### Office Use: Join Date & Draft Schedule

Join Fee: \$ \_\_\_\_\_

Prorated amount: \$ \_\_\_\_\_

**Due Now** \$ \_\_\_\_\_

Monthly Membership Dues: \$ \_\_\_\_\_

Added Services: \_\_\_\_\_ \$ \_\_\_\_\_

**Total monthly withdrawal:** \$ \_\_\_\_\_

1st Withdrawal date: \_\_\_\_\_

Staff signature: \_\_\_\_\_

## Membership Cancellation

If you wish to terminate or change your membership in any way, you must do so, in written form, with completion of the Membership Cancellation or Change form.

This must be received at least 30 business days prior to your next scheduled draft date or an additional, non-refundable draft may occur.