



the KEENE FAMILY YMCA

Type of change if other than below: _____
Example: ABD FBD

APPLICATION FOR **CREDIT CARD** 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 Credit Card 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 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 credit/debit card account.

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: _____

Credit card type: (circle one) MC VISA Name on card: _____

Card number: _____ Expiration month: _____ Expiration year: _____

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.

Office Use:

Join Date & Draft Schedule

Initial payment: Prorated amount: \$ _____

Join Fee \$ _____

Due Now \$ _____

Monthly Membership Dues: \$ _____

Added Services: _____ \$ _____

Total monthly withdrawal: \$ _____

1st Withdrawal date: _____

Staff signature: _____

