



# Monthly Membership Draft Form

OTTUMWA YMCA

Base Member Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

## DRAFT OPTIONS

(Please Print)

### CHECKING/SAVINGS

Account Holders Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Bank Transit Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account number verification required by voided check, copy of check, or bank statement Type of Account:  Checking  Savings

### CREDIT / DEBIT CARD

Name on Credit Card: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ CCV Code Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_/\_\_\_/\_\_\_

## FOR STAFF USE ONLY

### Monthly Draft Information

Monthly Draft Amount: \$ \_\_\_\_\_ Month Draft Begins: \_\_\_\_\_

Monthly Draft Day: \_\_\_\_\_

(Member Initials)

- \_\_\_\_\_ I hereby request and authorize you to pay and charge to my account, ACH drafts drawn on my account by and payable to the order of the Ottumwa YMCA, provided there are sufficient collected funds in said account to pay the same upon presentation.
- \_\_\_\_\_ I understand that if I have a draft return that this will be referred to a collection agency for collection and an additional \$30.00 will be assessed to my account if this would occur.
- \_\_\_\_\_ I also understand that if I do not cancel 10 days prior to my draft date in writing, that my ACH bank draft payment will be taken out of my account that month.
- \_\_\_\_\_ I also understand that if I cancel my membership with the Ottumwa YMCA within 6 paid months of my start date, the Ottumwa YMCA will collect the \$50.00 cancellation service fee, stated in the membership application, at the time of cancellation.
- \_\_\_\_\_ This authority is to remain in effect until revoked by me in writing and until you actually receive such notice and agree that you shall be fully protected in honoring any such draft. I further agree that if any draft be dishonored whether with or without cause and whether intentionally or inadvertently you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of services at the YMCA.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
YMCA Staff Name

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