



YMCA Draft Form

Cardholders Full Name: (as it appears on credit card/bank) _____

Member ID: _____ Membership Type: _____ Monthly Fee: \$ _____

Billing Address: (as it appears on statement) _____

Phone Number: _____ E-Mail: _____

I wish to make the following change to my YMCA membership account auto draft:

___ New Account: First Draft Date _____

___ Change my account as noted: _____

___ Change my credit card/bank information on file to new information noted below

___ Terminate My Membership: Last Draft Date _____

I, _____ (print name) wish to terminate my Y membership due to: _____

_____ (Member Signature for Terminations)

***All Changes and Terminations Require 30 days advance written notice to be processed.**

I, _____ (print name), authorize the YMCA of Kingston and Ulster County to keep my signature on file and charge my **Credit Card/Bank Account (circle one)** on an ongoing basis for the amount I owe (list above under monthly fee).

I understand that this authorization is a continuous membership plan and is automatically renewed each month. I understand that all changes and terminations to this membership plan can only be processed by the YMCA with 30 days advance written notice.

I understand that it is my responsibility to contact the YMCA in writing if there is any change to my Credit Card or Bank information. **My account will be charged \$10 for any returned/bounced payment.** Forms for such changes can be located in the membership office.

Cardholders Signature

Date

Bank Draft

Circle Draft Date: 1st 15th

Credit Card Draft

Circle Draft Date: 20th

Please staple voided check to Draft Form

Circle Credit Card Type: Visa MC AMEX Disc

Bank Name: _____

Credit Card Number: _____

Routing Number: _____

Expiration Date: _____ CV Code: _____

Account Number: _____

Office Use Only:

Membership Staff Name: _____ Date: _____ Daxko Update: Yes No

Accounting: Heartland _____ USB _____ Daxko _____ Staff: _____ Date: _____