



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL ACH Authorization Form

Primary Member Name: _____ Date: _____

Membership Type (circle one): Adult Household Single Parent Family Youth Senior Citizen Adult Senior Citizen Couple Student	Date of Draft (circle one): 10 th 20 th	Locker fee added to draft: (\$7.50 per month if added to draft) Yes No
Payment Method (circle one): Debit Credit Card Checking Savings	Discount Group (if applicable):	Total Monthly Draft Amount: \$

Please choose ONE of the payment methods below:

	<u>Debit Card/Credit Card Information</u> Name (as it appears on card): _____ Expiration Date: _____ / _____ Type of card (circle one): MC Visa Am Ex Discover Last four digits of card number _____
	<u>Checking/ Savings Account</u> Name (as it appears on account being drafted/charged): _____ Routing Number: _____ Account Number: _____

Terms and Conditions for ACH Payment

◆ **AUTHORIZATION:** I authorize and request that the YMCA of Hannibal to charge my checking/savings or credit card for my monthly membership's fee. I further authorize my financial institution to process these fees. ◆ **NO REFUNDS:** I understand that there are no refunds given. It is my responsibility to check my monthly financial institution statement and report any discrepancies to the YMCA of Hannibal within 30 days. ◆ The YMCA reserves the right to discontinue service at any time to any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization. ◆ **RETURNS:** I understand that a \$30.00 service fee will be charged on any transaction returned for any reason including insufficient funds, account closed, card expiration or any other "returned" debit reasons. The YMCA reserves the right to cancel my membership due to two months of returned fees. I realized I am still responsible for my membership fee as well as the \$30.00 service fee applied by the YMCA for each return. This is in addition to any service fee my financial institution may charge. The YMCA may resubmit a returned payment automatically up to two times and will notify me with any issues. ◆ **MEMBERSHIP TERMINATIONS/CHANGES:** I understand charges are continuous. In order to terminate my membership and my automatic payments, I must notify the YMCA of Hannibal 30 days prior to my next draft date in writing by completing an ACH membership termination form obtained from the YMCA Welcome Center. Additionally, in order to make any changes at all to the account used to draft my dues, I must notify the YMCA of Hannibal 30 days prior to my next draft date. ◆ **FEE INCREASES:** I understand that the YMCA reserves the right to increase membership fees as necessary and will notify me in writing at least 30 days prior to the increase at the address I have given.

I agree to all above terms and continues and authorize the YMCA to draft/charge my account/card.

➤ Signature _____ Date: _____
(Must be an authorized signer for the account identified above)

<p style="text-align: center;">PLEASE ATTACH A VOIDED CHECK HERE IF USING CHECKING ACCOUNT</p>	Staff Use Only—please check one: <input type="checkbox"/> New Membership <input type="checkbox"/> Change in Account info only <input type="checkbox"/> Change in Member Type: From: _____ To: _____ From: \$ _____ To: \$ _____ DATE OF ADD/CHANGE: _____ STAFF INITIALS: _____
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Terms and Conditions for ACH Payment
MEMBER COPY-SAVE FOR YOUR RECORDS

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On _____, I, _____ authorized the YMCA of Hannibal to deduct
(Date membership began) (Name of member responsible for payment)

\$ _____ from my account on the 10th or 20th day of each month.
(Amount to be drafted) (Circle the correct day)

The authority will remain in full force and effect until revoked, in writing, by my financial institution, the YMCA, or me.