

# YMCA OF SNOHOMISH COUNTY BANK & CREDIT CARD DRAFT AUTHORIZATION

EVERETT (1)     MAPLEVILLE (2)     MILL CREEK (3)     MUKITTO (4)     MONROE (5)     BIG BROS/BIG SISTERS (6)     ASSOCIATION OFFICE (99)

I hereby authorize the YMCA of Snohomish County to initiate debit transactions to my account indicated below, and the financial institution or credit card named below to debit the same to such account on the days of each month circled below. I realize that I am still responsible for that payment **plus** a processing fee. I should my bank or credit card, for any reason, not honor any draft specified below. **UNDERSTAND THAT ANY RETURNED DRAFTS WILL BE COLLECTED ELECTRONICALLY AND A PROCESSING FEE OF \$30 WILL BE ADDED AND ELECTRONICALLY DEBITED FROM MY ACCOUNT. This is in addition to any service fee my bank may charge me.** This authorization is to remain in effect until the YMCA of Snohomish County has received at least **15 DAYS WRITTEN NOTIFICATION PRIOR TO MY NEXT DRAFT DATE.** Changes made to bank accounts or membership types and/or cancellations will only be accepted in writing. **MEMBERSHIP AND CHILDCARE FEES ARE SUBJECT TO CHANGE. PLEASE KEEP US INFORMED OF ADDRESS, PHONE NUMBER, BANK ACCOUNT, OR CREDIT CARD CHANGES.**

Member # \_\_\_\_\_

ACCOUNT INFORMATION    FIRST DRAFT DUE: \_\_\_\_\_

Print Name of Account Holder	
Print Name of Bank	
Bank Routing Number	Bank Account Number
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account

**OR**

Name on Credit Card (NO DEBIT CARDS)	
Credit Card Account Number	Credit Card Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover Card

ITEMS TO BE DRAFTED	DRAFT DATE
<input type="checkbox"/> Membership Type & Amount \$ _____	1 <sup>st</sup> OR 15 <sup>th</sup>
<input type="checkbox"/> Locker Rental & Amount \$ _____	1 <sup>st</sup> OR 15 <sup>th</sup>
<input type="checkbox"/> Contribution Type & Amount \$ _____	1 <sup>st</sup> OR 10 <sup>th</sup> OR 15 <sup>th</sup> OR 25 <sup>th</sup>
<input type="checkbox"/> Childcare Program & Amount \$ _____	25 <sup>th</sup> OR 25 <sup>th</sup> and 10 <sup>th</sup>
LESS: Financial Assistance/Discount \$ _____	
<b>TOTAL AMOUNT DRAFTED</b> \$ _____	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK – NOT A DEPOSIT SLIP – FOR CHECKING ACCOUNT DRAFTS & COPY OF CREDIT CARD

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SIGNATURE

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