

# YMCA OF SNOHOMISH COUNTY BANK & CREDIT CARD DRAFT AUTHORIZATION

[ ] EVERETT (1)   [ ] MARYSVILLE (2)   [ ] MILL CREEK (3)   [ ] MUKILTEO (4)   [ ] MONROE (5)   [ ] STANWOOD-CAMANO (7)   [ ] 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.

Should my bank or credit card, for any reason, not honor any draft specified below I realize that I am still responsible for that payment **plus** a processing fee. **I 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, PROGRAM, AND CHILD CARE FEES ARE SUBJECT TO CHANGE. PLEASE KEEP US INFORMED OF ADDRESS, PHONE NUMBER, BANK ACCOUNT, OR CREDIT CARD CHANGES.**

\_\_\_\_\_ **Initial**

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

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

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

**OR**

Name on Credit or Debit Card	
Credit/Debit Card Account Number	Credit/Debit Card Expiration Date
<input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Master Card</b> <input type="checkbox"/> <b>AMEX</b> <input type="checkbox"/> <b>Discover Card</b>	

ITEMS TO BE DRAFTED	DRAFT DATE
<input type="checkbox"/> Membership Type & Amount    \$ _____	1 <sup>st</sup> <b>OR</b> 15 <sup>th</sup>
<input type="checkbox"/> Membership Join Fee    \$ _____	1 <sup>st</sup> <b>OR</b> 15 <sup>th</sup>
<input type="checkbox"/> Locker Rental & Amount    \$ _____	1 <sup>st</sup> <b>OR</b> 15 <sup>th</sup>
<input type="checkbox"/> Other Program & Amount    \$ _____	1 <sup>st</sup> <b>OR</b> 15 <sup>th</sup>
<input type="checkbox"/> Contribution Amount    \$ _____	1 <sup>st</sup> <b>OR</b> 15 <sup>th</sup>
<input type="checkbox"/> Child Care Program & Amount    \$ _____	25 <sup>th</sup>
	<b>OR</b>
	\$ _____ 25 <sup>th</sup> and 10 <sup>th</sup>
<input type="checkbox"/> Member-Referral Price*    \$ _____	
<small>* Referred Pricing is available to Full Pay, monthly drafting members and is applicable as long as the member has a referred member with an active membership. Pricing may revert if referral status changes. LESS:</small>	
<input type="checkbox"/> Financial Assistance/Discount    \$ _____	
<b>TOTAL AMOUNT DRAFTED</b>	<b>\$ _____</b>

\_\_\_\_\_ **SIGNATURE**

\_\_\_\_\_ **DATE**

PLEASE ATTACH A VOIDED CHECK – **NOT A DEPOSIT SLIP** – FOR CHECKING ACCOUNT DRAFTS