



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Continuous Payment Plan Authorization Agreement**

I hereby authorize the YMCA to initiate automatic payment entries to my:

Checking     Savings

From the Financial Institution named below: **ATTACH VOIDED CHECK OR COPY OF CHECK**

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

OR

Visa     MasterCard     Discover     American Express

Name & Billing Address of Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

**Terms and Conditions**

Please read and initial the following items:

- I authorize the YMCA and the financial institution named above to withdraw the amount of \$ \_\_\_\_\_ from my account on the fifteenth of each month for my membership.  
\_\_\_\_\_ Member's Initials
- I would like to support the Y's Annual Campaign with a \$ \_\_\_\_\_ monthly donation on the fifteenth of each month.  
\_\_\_\_\_ Member's Initials (Optional)
- I would like to support the Y's Annual Campaign with a one-time donation of \$ \_\_\_\_\_. Please draft my donation on \_\_\_\_\_. Member's Initials (Optional)
- I understand that if and when the YMCA membership amount changes, I will be notified 30 days in advance of the new amount that will come out of my account.  
\_\_\_\_\_ Member's Initials
- I understand that if I wish to terminate my membership or change my membership in any way, I must give the YMCA a 30 day written notice, otherwise it will perpetually renew.  
\_\_\_\_\_ Member's Initials
- Should my membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, and subject to a Service Charge of no more than \$25 applied by the YMCA. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.  
\_\_\_\_\_ Member's Initials
- If I use a credit card, I realize it is my responsibility to update my information when the card expires.  
\_\_\_\_\_ Member's Initials

**Name (Please Print)** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Member Name (if youth): \_\_\_\_\_

**Y Use Only**

**Entered in Daxko by:** \_\_\_\_\_ **Reviewed by:** \_\_\_\_\_