



**Red Wing Family YMCA**  
**Automatic Payment Plan Authorization Agreement:**

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

Checking       Savings       Credit Card

from the Financial Institution named below: (ATTACH VOIDED CHECK OR COPY OF CHECK)

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

City & State \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Exp. Date for Credit Card \_\_\_\_\_

**Terms and Conditions**  
**Please read and initial the following items:**

1. I authorize the YMCA and the financial institution named above to withdraw the amount of \$ \_\_\_\_\_ from my account on the fifteenth of each month. If the 15<sup>th</sup> of the month occurs on a weekend or holiday, the deduction will occur on the previous business day.  
\_\_\_\_\_ **Member's Initials**
  
2. 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**
  
3. 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**
  
4. 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**
  
5. **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) \_\_\_\_\_

Signature \_\_\_\_\_

