

**Wayne County YMCA  
Credit/Debit Authorization Form**

Last Name (please print) \_\_\_\_\_  
Please Check: \_\_\_\_ Adult \_\_\_\_ Family

I (we) hereby authorize The Wayne County YMCA to initiate debit/credit entries to my (our) checking/savings/loan accounts indicated below at the depository financial institutions names below and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of the ACH transactions to my (our) account (s) must comply with the provisions of U.S. law.

**Debit Account Information: (checking or savings account)**

\_\_\_\_\_  
Name of Financial Institution where account will be debited Routing Number

\_\_\_\_\_  
Address of Financial Institution - branch, City, State & Zip

\_\_\_\_\_  
Account Title (name or business name on account)

Account Number: \_\_\_\_\_ Type: \_\_\_\_ Checking \_\_\_\_ Savings

(Where you want refunds credited) Credit Account Information (checking or savings account)

\_\_\_\_\_  
Name of Financial Institution where account will be credited Routing Number

\_\_\_\_\_  
Address of Financial Institution - branch, City, State & Zip

\_\_\_\_\_  
Account Title (name or business name on account)

Account Number: \_\_\_\_\_ Type: \_\_\_\_ Checking \_\_\_\_ Savings

**Terms:**

Payment will be taken on a monthly basis on the first of each month for a minimum of 6 months.

Initial Monthly Debit Amount: \$ \_\_\_\_\_ Beginning Date: \_\_\_\_\_

You will receive notice prior to any yearly rate increases.

A voided check from your account must be included with this form to verify information.

This authority will remain in effect until the Wayne County YMCA receives a cancellation form. The notice of cancellation must be in writing and received one month prior to the requested termination date in order to give the YMCA and the bank ample time to stop the upcoming transaction. Forms can be obtained at the YMCA Front Desk.

I (we) agree with the terms and conditions of this service and verify that the above information is accurate and true. I (we) understand that I (we) may cancel this service at any time after 6 months, by filling out a cancellation form.

\_\_\_\_\_  
Authorized Signer (s) Date

\_\_\_\_\_  
Authorized Signer (s) Date