Wayne County YMCA
Credit/Debit Cancellation Form

By filling out this form you will be terminating your bank draft plan with the Wayne County YMCA, which will also terminate your membership unless other payment arrangements are made. Please fill in all areas marked with an asterisk (*). We would appreciate it if you would also take a minute to tell us the reason for your request. As a community organization our goal is to serve our membership to the best of our ability. By telling us the circumstances behind your termination we will be able to better assess our member services.

*I (we) hereby request that the Wayne County YMCA terminate the ACH credit/debit transactions to my (our) account for our YMCA Membership. I realize that the YMCA must receive my termination form one month prior to the 1st day of the next month.

***Debit Account Information:**

Name of Financial Institution where account will be debited Routing Number

Address of Financial Institution – branch, City, State & Zip

Account Title

Account Number: _____ Type: ____ Checking ____ Savings

***Credit Account Information**

Name of Financial Institution where account will be credited Routing Number

Address of Financial Institution – branch, City, State & Zip

Account Title

Account Number: _____ Type: ____ Checking ____ Savings

_____ _____
Authorized Signer (s) Date

_____ _____
Authorized Signer (s) Date

Reason For Termination: **(continue on back if necessary)**

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