

CREDIT/DEBIT CHANGE FORM

Wayne County YMCA
Credit/Debit Authorization Form

Last Name (please print) _____
Please Check: ___ Adult ___ Family

I (we) hereby authorize The Wayne County YMCA to change the entries to my (our) checking/savings/loan accounts that are currently on file and in use 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.

Terms:

Payment will be taken on a monthly basis on the first of each month.

My New Monthly Debit Amount: \$ _____

Beginning Date: _____

End Date: _____

Start Date: _____ Normal Debit Amount: \$ _____

Your Membership draft will return to its normal draft after the end date unless you fill out a termination form.

You will receive notice prior to the end date of your membership.

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 approved by myself. 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