



# Bank Draft Authorization

Fergus Falls Area Family YMCA, 1164 N Friberg, Fergus Falls MN 56537 • 218-739-4489

\_\_\_ **NEW AUTHORIZATION** • Have you ever been a member of this YMCA before? YES \_\_\_ When \_\_\_\_\_

\_\_\_ **CHANGE IN BANK ACCOUNT INFO** • Effective date: \_\_\_\_\_ 15, 20\_\_\_\_\_

I (we) hereby authorize the Fergus Falls Area Family YMCA to initiate debit entries to my (our) checking or savings account indicated below, and I (we) authorize the financial institution named below where the account is located, hereinafter called BANK, to debit the same to such account.

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NUMBER (Bank Routing Number):	ACCOUNT NUMBER:
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Check One: \_\_\_ Checking Account  
 \_\_\_ Savings Account

⑆ 1 23 4 56 78 9 ⑆ 1 23 1 23 4 56 ⑆ 000 1

Routing Number                      Account Number                      Check Number

\*Attach a voided check or savings deposit slip

**Initial each statement below:**

\_\_\_ I understand that this membership is an annual commitment. Payments will be deducted on the 15th of each month **for 12 consecutive months**. A \$50 early termination fee will be charged if this commitment is not fulfilled.

\_\_\_ I understand that this membership will renew automatically on my anniversary date and that **each renewal automatically begins another 12-month commitment**. If I choose to cancel my membership, I must do so in writing by the 8<sup>th</sup> of the month. If I cancel my membership **AFTER** the 8<sup>th</sup> of the month, my membership will not be cancelled until the following month and I will still incur the \$50 early termination fee. Cancellation may be made by coming into the YMCA and signing a cancellation form or by sending a letter to the YMCA. If I cancel my membership, I must also return my membership cards to the YMCA.

\_\_\_ If my membership bank draft is not honored by my bank for any reason, I realize that I am still responsible for that payment, plus the posted service fee (currently \$30.00). This is in addition to any service fee my bank may apply.

\_\_\_ I am aware of the fact that it is my responsibility to check my bank statement on a regular basis to make sure the YMCA membership rate being withdrawn is correct. The Fergus Falls Area Family YMCA will accept a maximum of three (3) months responsibility if the YMCA is in error.

Printed Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Staff Initial \_\_\_\_\_

**OFFICE USE ONLY:**

Amount to Deduct:	Start Date:	Amount to Deduct:	Start Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____