

**WAYNE COUNTY YMCA  
BANK DRAFT CHANGE FORM**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**CHANGE IN MEMBERSHIP: Fill out this section.**

I/We currently have a/an

Please Check:   \_\_\_ Youth   \_\_\_ Sr Youth   \_\_\_ Adult   \_\_\_ Family (2 adults)   \_\_\_ Family

I/We would like to change to:

Please Check:   \_\_\_ Youth   \_\_\_ Sr Youth   \_\_\_ Adult   \_\_\_ Family (2 adults)   \_\_\_ Family

**Credit/Debit Authorization:**

I (we) hereby authorize The Wayne County YMCA to change the entries to my (our) 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 banking day of each month.

The current monthly debit of: \$ \_\_\_\_\_ will be changed to the new debit of: \$ \_\_\_\_\_.

Changes will be put into effect on the first of: \_\_\_\_\_.

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

\_\_\_\_\_  
Date

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**CHANGE IN BANK DRAFT ACCOUNT: Fill out this section.**

Debit Account Information:                      Please Check:   \_\_\_ Checking   \_\_\_ Savings

\_\_\_\_\_  
Name of Financial Institution

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

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

\_\_\_\_\_  
Routing Number

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

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