

**WAYNE COUNTY YMCA
BANK DRAFT CHANGE FORM 2025**

NAME: _____

CHANGE DATE: _____

CHANGE IN MEMBERSHIP: Fill out this section.

Please Check: I/We currently have a/an:

Youth Sr Youth Adult
 Family A. (1 adult & kids) Family B. (2 adults) Family C. (2 Adults & kids)

Please Check: I/We would like to change to:

Youth Sr Youth Adult
 Family A. (1 adult & kids) Family B. (2 adults) Family C. (2 Adults & kids)

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 **BUSINESS DAY** of: _____, 20_____.

Authorized Signer (s)

Date

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 a full year, by filling out a cancellation form.

Authorized Signer (s)

Date