

**Wayne County YMCA
Bank Draft Credit/Debit Termination or Cancellation Form 2025**

By filling out this form you will be stopping your bank draft plan with the YMCA. This will end your membership, unless you have made other payment arrangements.

Please read the information below and fill in your bank information.

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.

Name: _____ Date of Cancellation Request: _____

*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.

* If I cancel before I have completed a one year membership I will be charged one month's fee cancellation fee.

*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

Authorized Signer(s)

Date

Authorized Signer(s)

Date

Preferred Contact Method: Email _____

Call/Text _____

Reason for Termination: (continue on back if necessary)

