

**Wayne County YMCA
Credit/Debit Authorization Form 2025**

NAME: _____ **Bank Draft Request Date:** _____

Please Check Membership type you want:

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

I (we) hereby authorize The Wayne County YMCA to initiate debit/credit entries to my (our) checking/savings accounts indicated below at the depository financial institutions named below, 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.

Debit Account Information: **Please Check:** Checking Savings

Name of Financial Institution **Address of Financial Institution – Branch, City, State & Zip**

Account Title (full name or business name on account)

Routing Number **Account Number**

Terms: Monthly payments are taken on the 1st banking day of each month. I am signing up for a recurring membership draft.

Joiner Fee: \$ _____ **Paid** _____
Deposit paid: \$ _____ **Paid** _____
Monthly Debit Amount: \$ _____
Beginning Draft Date: _____

- A voided check from your account must be included with this form to verify information.
- If it's a savings account, we need a verification letter from the bank.

All membership rate increases will happen in January. You will receive a notice prior to any yearly rate increases through mail. This authority will remain in effect until the Wayne County YMCA receives a cancellation form. The notice of cancellation must be on our form and received one month prior to the requested termination date in order to give the Y and the bank ample time to stop the upcoming transaction. If you cancel before a full year you will be charged a one month cancelation fee. Forms are at the Front Desk.

I (we) agree with the terms and conditions of this service and verify that the above information is accurate and true. I (we) understand that I (we) may cancel this service at any time by filling out a cancellation form.

Authorized Signer (s) _____ **Date** _____

Authorized Signer (s) _____ **Date** _____

**Wayne County YMCA
Bank Draft Refund Policy**

After giving 30 days' written notice to cancel a monthly bank draft, either for membership and/or program dues, there will be a 60-day grace period for refund of extra drafts, if applicable.

It is the responsibility of the member or program participant to notify the YMCA, within 60 days of cancellation, if the draft is continuing to be withdrawn from their account.

The YMCA is not responsible for refund of payments withheld after this 60-day period. The member or program participant is advised to keep a copy of the written cancellation notice as proof of bank draft cancellation as well as any correspondence using your contact preferences.

It is the responsibility of the member or program participant to check account statements to verify draft cancellation and notify the YMCA, within 60 days of cancellation, if the draft is continuing.

I have read the above statement on bank draft refunds. Furthermore, I understand and agree to this policy.

Preferred Contact Method: Email _____

Call/Text _____

Authorized Signer (s)

Date

Authorized Signer (s)

Date