

Wayne County YMCA

Membership Hold Authorization Form

For Bank Draft Members

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give authorization to the

Wayne County YMCA to put a hold on my YMCA Membership for the months

indicated below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | January |  | July |
|  | February |  | August |
|  | March |  | September |
|  | April |  | October |
|  | May |  | November |
|  | June |  | December |

I understand that even though my membership is on hold I am still required to pay $5.00 per month to keep it on hold. This amount will be deducted from my account on file for each month on hold. I understand that as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my monthly payment will return to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*If the Y is closed for more than 50% of a month due to COVID-19 (or other incident) I will not be charged the $5.00 fee for holding.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date