



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