



. Membership Billing Bank Draft Authorization

Fergus Falls Area Family YMCA, 1164 N Friberg, Fergus Falls MN 56537 • 218-739-4489

If this form is incomplete, and/or you do not have the means to pay for your Enrollment Fee (if applicable) or Prorate today, we will be unable to process/start your membership.

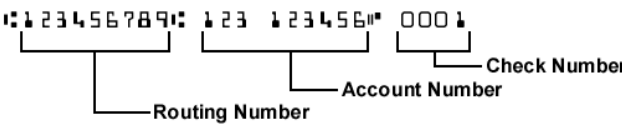
Please use the following information to pay for my membership dues starting on: _____

ELECTRONIC FUNDS TRANSFER (EFT) Checking Savings


Name on Account: _____

Bank Name: _____ Routing #: _____

Account #: _____



***Attach a voided check (No Deposit Slips)**
Memberships can NOT be completed/processed without the voided check copy




CREDIT CARD Visa Mastercard Discover

Name on Card: _____

Card Number: _____ Expiration Date: ____/____

If paying for membership dues with a credit card, but also enrolling in insurance reimbursements, you will have to provide checking or savings information, along with a voided check, on the Insurance Form.



Membership Billing & Cancellation Policy

I (we) hereby authorize the Fergus Falls Area Family YMCA to initiate debit entries to my (our) checking, savings, or credit card account for any membership dues. I (we) authorize the financial institution named where the account is located, hereinafter called BANK, to debit the same to such account.

- I understand that payments will be deducted on the 15th of each month and cover a calendar month (example: payments made on May 15th cover membership for May 1-May 31).
- I understand that this membership will renew automatically each month. If I choose to cancel my membership, I must do so in writing by the 20th of the month. If I cancel my membership AFTER the 20th of the month, my membership will not be cancelled until the end of the following month. (Example: Cancel on 5/10 and the membership ends on 5/31. Cancel on 5/21 and the membership ends on 6/30 with one more bankdraft coming out on 6/15). Cancellation may be made by coming into the YMCA and signing a cancellation form or by sending a letter to the YMCA. If I cancel my membership, I must also return my membership cards to the YMCA.
- If my membership bank draft is not honored by my bank for any reason, I realize that I am still responsible for that payment, plus the posted service fee (currently \$30.00). This is in addition to any service fee my bank may apply.
- I am aware of the fact that it is my responsibility to check my bank statement on a regular basis to make sure the YMCA membership rate being withdrawn is correct. The Fergus Falls Area Family YMCA will accept a maximum of three (3) months responsibility if the YMCA is in error.

By signing, I have read and understand the YMCA membership billing and cancellation policy outlined above.

Printed Name(s) _____ Date _____

Signature(s) _____

Membership Services Staff Use ONLY:

Prorate Collected: Yes No Join Fee Collected: Yes No, Has Insurance

Amount to Deduct: _____ First Draft Date: _____ Staff Initials: _____