



Membership Billing 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.

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

⑆ 123456789⑆ 123 123456⑆ 0001
 Routing Number Account Number Check Number

CREDIT / DEBIT 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.

MULTIPLE MONTHS 3 Months 6 Months 12 Months

I understand that I am paying for multiple months membership, the next payment is due _____.

Enter Termination Date If I fail to pay by that time, my membership will be terminated. If my membership lapses over 30 days the enrollment fee will be charged again if applicable.

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 & cancelation poilicy outlined above.

Printed Name(s) _____ Date _____

Signature(s) _____

Membership Services Staff Use ONLY:

Prorate Collected: Yes No

Join Fee Collected: Yes No, _____

Amount to Deduct: _____

First Draft Date: _____

Reason _____
Staff Initials: _____