



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. We do not collect full bank account or credit card information on this form. **Please use the following information to pay for my membership dues.**

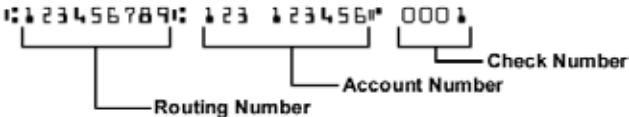
ELECTRONIC FUNDS TRANSFER (EFT) Checking Savings

Name on Account: _____

Bank Name: _____

Routing # _____

Account # (last 4 digits) _____



Routing Number Account Number Check Number

Membership Services Staff will enter the full bank information into our system. All that is required on this form is the Bank Name & last 4 digits of the Account #.

CREDIT / DEBIT CARD: Visa Mastercard Discover

Name on Card: _____ Expiration Date: ____/____

Card # (last 4 digits): _____

Membership Services Staff will enter the full credit/debit card information into our system. All that is required on this form is the Name on the Card, last 4 digits of the card number and the expiration date.

Short term/Annual Memberships ONLY: 3 Months 6 Months 12 Months

I understand that I am paying for a multiple months membership up front and the 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 or program dues. I (we) authorize the financial institution named where the account is located, hereinafter called BANK, to debit the same to such account. (Please **Initial** each line.)

_____ I understand that payments for **membership** 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 an email or letter to the YMCA. Annual and short-term membership cancellations are not eligible for refund.

_____ 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 that are 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 & cancellation policy outlined above.

Printed Name(s) _____ Date _____

Signature(s) _____

Membership Services Staff Use ONLY:

Prorate Collected: Yes No

Amount to Draft Monthly: _____

Join Fee Collected: Yes No (reason) _____

First Draft Date: _____

Staff Initials: _____