



# 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. **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 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 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.

MULTIPLE MONTHS (for Membership Dues Only)       3 Months       6 Months       12 Months

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

Enter Termination Date

## 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. (Initial first four lines for membership. Initial last two lines for programs)

\_\_\_\_\_ 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 a letter 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 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: \_\_\_\_\_