

RIDGEWOOD YMCA

New Draft Authorization Form

I hereby authorize Ridgewood YMCA to charge my credit card account as indicated below.

Name (please print) _____ Phone # _____

Address _____ City _____

State _____ Zip _____

MEMBERSHIP TYPE

SWIM TRIANGLE BFC

FAMILY SENIOR ADULT YOUNG ADULT TEEN YOUTH

AARP Qualified - Medicare Supplement MILITARY VETERAN

Would you like to donate each month to the Ridgewood YMCA? Yes No If yes, \$ _____ amount

Total Monthly Amount \$ _____ First Full Draft Date _____

All drafts are non-refundable. A fee of \$15 will be charged for all returned drafts because of non-sufficient funds, account closing, or payment stopped.

I understand that Draft Memberships are for a minimum of four full months and will remain in effect for at least four months before I can cancel my membership if I so desire.

Memberships will draft on the 20th of each month. I understand that dues are subject to change with a minimum 30 day notice.

I understand that thirty (30) days written notice is required to cancel or change bank draft information. The Ridgewood YMCA cannot assure cancellation of any bank draft with less than thirty (30) days notice. The Ridgewood YMCA is not responsible for any stop payment charges, NSF fees or other bank fees when less than thirty (30) days written notice is given to cancel a bank draft.

Signed _____ Date _____

FOR YMCA Staff Use Only

Staff Name _____ Date _____