

# DRAFT AUTHORIZATION FORM

## RIDGEWOOD YMCA

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

Name (please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### MEMBERSHIP TYPE

- MEMBER     SWIM MEMBER
- HOUSEHOLD     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 six (6) full months and will remain in effect for at least six 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 \_\_\_\_\_

11/1/2019