



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA OF GREATER SEATTLE
Payment Authorization Form

PRIMARY MEMBER		
Legal First Name	MI	Legal Last Name
Address		Phone Number

PAYMENT AUTHORIZATION	
<input type="checkbox"/> YMCA Membership <input type="checkbox"/> YMCA Child Care, Kid's University, Swim Team	
<input type="checkbox"/> Electronic Funds Transfer <i>Please attach a voided check and fill out the following account information</i>	<input type="checkbox"/> Recurring Credit Card or Debit Card <i>Please fill out the following account information</i>
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Debit Account on the: <input type="checkbox"/> 1 st OR <input type="checkbox"/> 15 th day of each month	Charge Account on the: <input type="checkbox"/> 1 st OR <input type="checkbox"/> 15 th day of each month
Name on Account (please print)	Name as it appears on Credit Card (please print)
Routing Number	Last 4 digits on Credit Card
Account Number	Expiration Date
I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA on my account for membership payments and when my financial institution honors such debits by charging my account this shall constitute my receipt for payment. _____initial	I hereby authorize the YMCA to charge my credit card on a monthly basis for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment. _____initial

YMCA OF GREATER SEATTLE FINANCIAL POLICIES

I further stipulate the following conditions (please read and sign at the bottom):

- I understand that the YMCA membership and programs are continuous and that monthly charges or debits, as indicated above, will continue until I give written notice to change or terminate the membership or program. The frequency and occurrence of my visits has no bearing on my monthly dues.
- **I understand that I must give the YMCA written notice (in person or by email ONLY) 14 days prior to the next scheduled draft to change or cancel my membership or program fees. Failure to do so will make the subsequent draft non-refundable.** Any outstanding balances will be due at the time of cancellation. I am liable for any fees that the YMCA may incur in its effort to collect any remaining balance due
- I understand that I must inform the YMCA 14 days in advance of any changes to my name, address, telephone number or payment information. Failure to provide the YMCA with current information may result in non-refundable fees and that I am personally responsible for any payments not processed by my financial institution and/or the YMCA
- I understand that the YMCA will notify me at least 30 days in advance of any increase to my monthly membership dues or program fees.
- I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.
- I understand and authorize that NSF or collection of fees will be charged to me for any declined or returned monthly dues. Such non-sufficient fees will be the maximum amount allowed by law and will include applicable taxes.

Signed: _____ Date: _____