



PAYMENT AUTHORIZATION FORM

YMCA OF GREATER SEATTLE

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

Accepted By

Customer ID

1 PRIMARY MEMBER

Please print legibly

Check ID

Legal First Name	MI	Legal Last Name		
Street Address	Apt	City	State	Zip Code
Primary Phone			Date of Birth	

2 PAYMENT AUTHORIZATION

YMCA Membership **YMCA Activities & Programs**

Electronic Funds Transfer

Please attach a voided check and fill out the following account information.

Type of Account: Checking Savings

Debit date will be recurring based on transaction date or established payment plan.

Name on Account (please print)

Last four digits of Routing Number

Last four digits of Account Number

I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or *ACT.

Initials

Recurring Credit Card or Debit Card

Please fill out the following account information.

Type of Account: Visa MC Amex Discover

Charge account date will be recurring based on transaction date or established payment plan.

Name as it appears on Credit Card (please print)

Last 4 digits on Credit Card

Expiration Date

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.

Your automatic payment may be posted as ACTIVE Network, YMCA-ACT or *ACT.

Initials

3 FINANCIAL POLICIES

I further stipulate the following conditions (please read and sign at 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 seven (7) days written notice to change or terminate the membership or program. The frequency and occurrence of my visits has no bearing on my monthly dues.

Initials

I understand that my automatic payment will repeat monthly on the same date as today's date. Any changes made to my membership account will change my automatic payment date to the date of the account change.

Initials

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.

Initials

I understand that I must inform the YMCA seven (7) days in advance of any changes to my name, address, phone number or payment information. Failure to provide the YMCA with current information may result in non-refundable fees. I understand I am personally responsible for any payments not processed by my financial institution and/or the YMCA.

Initials

I understand and authorize that NSF or collection of fees may be charged to me for any declined or returned payments. Such non-sufficient fees will be the maximum amount allowed by law and will included applicable taxes.

Initials

I understand that I may cancel at any time, but my membership will be valid through the last day covered by my most recent automatic payment (valid through the membership expiry date). 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.

Initials

I understand that this authorization includes any future payment methods I add/update to my YMCA online account, and/or payment information automatically updated by my financial institution

Initials

Signature

Date