



WAYNESBORO AREA YMCA

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

For Office Use ONLY: staff initials:

Date:

Primary Member Name:

SECTION 1: PAYER INFORMATION (Authorized Account Holder)				
Last Name	First Name	MI	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date / /
Address			P.O. Box	Apt No.
City	State	Zip Code	Home Phone ()	
Preferred Daytime Contact Phone Number:		Work Phone ()	Cell Phone ()	
Email Address				

SECTION 2: MEMBER INFORMATION				
Last Name	First Name	MI	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date / /
Address			P.O. Box	Apt No.
City	State	Zip Code	Home Phone ()	
Email Address		Work Phone ()	Cell Phone ()	

SECTION 3: EFT ENROLLMENT <input type="checkbox"/> CHANGE <input type="checkbox"/>				
MUST ATTACH VOIDED CHECK or COPY OF DEBIT/ CREDIT/ SAVINGS ACCOUNT CARD (No deposit slips!)				
Bank Name		Routing Number for Checking or Savings Account		
Account Number or Credit Card/Debit Card Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card		Exp. Date / /
Membership Type	Monthly Membership Rate \$	Draft Effective Date / /	Final Draft Date Perpetual	

SECTION 4: MEMBERSHIP CHANGE				
Current Membership Type	Current Monthly Rate \$	New Membership Type	New Monthly Rate \$	
Are there any Program EFTs in connection with this membership? YES <input type="checkbox"/> NO <input type="checkbox"/> (Must complete program EFT if applicable)				
List Member(s):	Member	Add <input type="checkbox"/>	Remove <input type="checkbox"/>	Athletic Club
1. _____	AC Locker	Add <input type="checkbox"/>	Remove <input type="checkbox"/>	Locker
				Add <input type="checkbox"/> Remove <input type="checkbox"/>
2. _____	Member	Add <input type="checkbox"/>	Remove <input type="checkbox"/>	Athletic Club
	AC Locker	Add <input type="checkbox"/>	Remove <input type="checkbox"/>	Locker
				Add <input type="checkbox"/> Remove <input type="checkbox"/>

SECTION 5: EFT CANCELLATION				
Membership Type	Add-ons	Monthly Membership EFT Amt \$	Final Draft Date: / /	Cancel Membership? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Program EFTs in connection with this membership? YES <input type="checkbox"/> NO <input type="checkbox"/> (Must complete program EFT if applicable)				
Reason for canceling Membership?				
List Members				
1. _____	2. _____	3. _____	4. _____	
2. _____	3. _____	4. _____	5. _____	

SECTION 6: PARTNER WITH YOUTH: See page 2 No. 8 for details				
I would like to contribute: YES! <input type="checkbox"/> No <input type="checkbox"/>	Total Pledge Amount \$	Monthly EFT Amount \$	Draft Effective Date: / /	Final Draft Date: / /

AS AUTHORIZED ACCOUNT HOLDER, I will receive all notifications pertaining to the EFT for the member listed in Section 2. I have read and understand the Terms of Agreement on Page 2 and hereby grant authorization to the Waynesboro Area YMCA to initiate or terminate a monthly recurring draft.

Authorized Account Holder Signature

Date

TERMS OF AGREEMENT

1. A voided *check* or copy of a *savings account card* MUST be attached to this form! NO DEPOSIT SLIPS! The Electronic Funds Transfer will not be processed without the necessary account verification.
2. Electronic Funds Transfers are processed on or after the 15th of the month. No changes for the current period will be processed after the 10th of the month. Changes made on or after the 11th of the month will not be reflected until the following month. A prorated balance is due for all upgrades at time of change.
3. If for any reason [including but not limited to: closed account, insufficient funds, frozen account, invalid account number or stopped payment] the YMCA is unable to transfer funds, the Authorized Account Holder is responsible for payment and will be charged a \$15.00 service fee in addition to the monthly membership/program amount; due immediately at the Member Services Desk. Membership/program privileges will be suspended and your photo id card access disabled until all balances are paid in full. If any two months remain outstanding my membership/program participation will be terminated and I will forfeit any refund.
4. Effective May 1, 2006 any returned personal check or Electronic Funds Transfer will be sent to a non-affiliated party (Ecashflow) to electronically collect unpaid funds from your bank account. Ecashflow will assess and debit a \$30.00 collection fee from your bank account. The YMCA will continue to charge a \$15.00 returned item fee payable at the YMCA Member Services Desk.
5. In granting this authorization, I understand membership dues may change and the monthly amount deducted from my account can be changed without a signed authorization. I understand that I will be notified of such changes.
6. I understand that I have the right to cancel this agreement at anytime, providing I submit a Cancellation Form [complete section 5 of the Electronic Funds Transfer (EFT) Authorization] and allow at least 30 days notice for processing.
7. I agree to be bound by all rules and regulations governing Electronic Funds Transfers. I also agree not to hold the Waynesboro YMCA responsible for any liability relating to this transaction, including but not limited to bank overdraft or processing fees.
8. The Partner With Youth program is a worthwhile program that enables our area youth, who otherwise are unable to afford, to participate at the YMCA and its programs. If I selected "Yes" in Section 6 of this agreement, I understand the Partner With Youth monthly draft amount specified in Section 6 of this agreement, will be withdrawn from my bank account in addition to my membership/program fees.
9. Applicant is responsible for notifying the YMCA of any change to membership/program status by submitting a properly completed form and allowing at least 30 days for processing. No refunds will be issued.