



MEMBERSHIP DIRECT DRAFT AUTHORIZATION

Last Name, First Name (print): _____
Parent or 2nd Adult (if applicable): _____

1. Member Information:

Member Name (Please Print): _____

Parent or 2nd Adult (if applicable): _____

Address/City/State/Zip: _____

Email: _____ Phone: _____

2. Payment Account Holder Information (if different than Member Information):

Name (Please Print): _____ Phone: _____

3. Payment Information:

I hereby authorize the YMCA of Lincoln NE to make the following pre-authorized debit transactions against my:

Credit/Debit Card (Drafts on the 1st of the month.) Visa, Master Card Or Discover

Number: X X X X - X X X X - X X X X - _____ Expiration Date _____

Financial Institution Name: _____

Checking Account (Processes on the 1st of the month, drafts on the 5th of the month.)

Bank Routing # _____ Account # _____

ATTACH A VOIDED CHECK FOR VERIFICATION.

Savings Account (Processes on the 1st of the month, drafts on the 5th of the month.)

Bank Routing # _____ Account # _____

ATTACH A VOIDED DEPOSIT SLIP FOR VERIFICATION.

4. Draft Information:

Date drafts are to begin: _____ Monthly Draft: \$ _____
Month Year

5. Do you want to donate to our annual Strong Kids Campaign? Yes No

\$25.00 \$50.00 \$75.00 \$100.00

One time donation paid today One time donation to be added to first month's draft

Other- Please speak with a YMCA staff or volunteer for other donation opportunities.

6. By signing below, I acknowledge and agree to the following terms and conditions and authorize the monthly draft:

- I understand that it is my responsibility to notify the Lincoln Y of my intent to cancel my membership in writing before the end of the month prior to the next scheduled payment date.
- No membership dues will be refunded when facilities are not used.
- The YMCA may cancel this authorization at any time by sending me a written notice of cancellation.
- If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments.
- If the specified account does not have sufficient available funds on deposit on the day the YMCA attempts to deduct the payment, a \$20 service fee may be assessed against my account.

Payment Account Holder Signature: _____ Date: _____

For Office Use Only:

Entered By (Print Name): _____ Verified By (Print Name): _____

Barcode: _____

Cancellation Date: _____