



Bank Draft/Credit Card/Debit Card Authorization

TERMS AND CONDITIONS

Bank draft, debit cards and credit card memberships will automatically renew until the YMCA is notified in writing that you wish to cancel.

The amount of \$_____ will be withdrawn from the account listed below on the 1st of each month. Auto-draft bank account, debit card, and credit card memberships will continue until you cancel.

**MEMBERSHIPS
ARE NON-
TRANSFERABLE
AND NON-
REFUNDABLE**

I understand that if I wish to terminate or change my membership in any way, I must give the YMCA of the Cedar Rapids Metropolitan Area notification in writing by the **26th of the month.**

The YMCA of the Cedar Rapids Metropolitan Area may, at its discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive notice prior to any such change. Should my bank or credit card company for any reason not honor any membership and/or program deduction, I realize that I am still responsible for the payment PLUS a service charge of \$20 applied by the YMCA. This is in addition to any service fee my bank or credit card company may make. **I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution or credit card company at any time.**

BILLING INFORMATION

Please select bank draft (verification such as cancelled check required), debit card OR credit card.

BANK DRAFT INFORMATION

\$0.45 fee paid by member

BANK NAME _____

BILLING ACCOUNT NAME _____

ACCOUNT# _____

ABA ROUTING# _____

ACCOUNT TYPE

CHECKING _____ SAVINGS _____

CREDIT CARD/DEBIT CARD INFORMATION

Credit Card 3% fee paid by member

0% fee for debit card

CARD HOLDER NAME _____

CARD NUMBER _____

EXP(MM/YY)_____/____/____ CVV _____

SELECT TYPE

MEMBERSHIP

PROGRAMS

FORMS OF ACCOUNT VERIFICATION:

VOIDED CHECK CHECKING ACCOUNT CARD SAVINGS ACCOUNT CARD LETTER FROM BANK

MEMBER INFORMATION

I have read and understand the Terms and Conditions stated above.

BILLING ACCOUNT HOLDER'S NAME _____ UNIT ID# _____

BILLING ACCOUNT HOLDER'S SIGNATURE _____

DATE _____

OFFICE USE

Staff Initials _____ Date _____ Branch _____

GAVE COPY TO MEMBER

Helen G Nassif YMCA
207 7th Ave SE
Cedar Rapids, IA 52401

Marion YMCA
3740 Irish Drive
Marion IA, 52302

Prairie Summit YMCA
200 76th Ave SW
Cedar Rapids IA, 52404