



## Warren County YMCA

### **Bank/Credit Card Drafting Policies**

Membership through bank drafting is continuous and ongoing. Renewal is not necessary from year to year. **Drafts from your account are on the 15<sup>th</sup> of every month.**

#### **OUR CHECK / DEBIT CARD POLICY:**

Your personal checks and debit cards are welcome here with valid identification. You agree that using a check/debit card as payment constitutes a contractual agreement. If your check is returned, it may be re-presented electronically or by paper draft and you will be responsible for any and all penalties, costs, and incidental damages, collection costs allowed under law, including attorney's fees, court costs, and taxes on any check that is returned. A return fee will be charged on any item that is returned by your bank and these fees may be collected electronically or by paper draft. A list of state allowed return check fees is available at: [www.returnedcheckfees.com](http://www.returnedcheckfees.com).

#### **RETURNED CHECKS:**

If your account comes back as non-sufficient funds (NSF), you will have the option to **pay in cash within one week**. **A \$25 charge will be applied for all returned checks (NSF, closed accounts, declined debit cards, etc.). This is non-refundable.**

#### **CANCELLATION POLICY:**

To cancel bank or credit card drafting, members must fill out the cancellation form at the front desk. The cancellation form must be completed and turned in on or before the 8<sup>th</sup> of the month to avoid monthly charges. Any cancellation after the 8<sup>th</sup> day of that month will be subject to pay that month's payment.

#### **RATES:**

Membership rates changes (when applicable) take effect in January of each year. You will be notified via email prior to the rate change. It is important to keep your address up to date to assure delivery of membership information throughout the year.

<u>MEMBERSHIP TYPE</u>	<u>JOIN FEE</u>	<u>MONTHLY FEE</u>
Family	\$30.00	\$58.10
Married Couple	\$30.00	\$47.00
Single Parent	\$30.00	\$44.20
Adult	\$30.00	\$41.60
Senior Couple	\$30.00	\$36.80
Senior Citizen	\$30.00	\$33.10
Teen (13-17)	\$30.00	\$20.40
Youth (12 & under)	\$30.00	\$16.80

**Warren County YMCA  
Bank/Credit Card Draft**

I, \_\_\_\_\_, authorize the YMCA to initiate bank draft/credit card entries to my: \_\_\_checking \_\_\_savings \_\_\_credit card account.

**Type of Membership:**      \_\_\_Family                      \_\_\_Adult                      \_\_\_Married Couple  
(Check one please)      \_\_\_Senior                      \_\_\_Teen                      \_\_\_Youth  
                                 \_\_\_Senior Couple              \_\_\_Single Parent

**Bank Account Information**

Financial Institution \_\_\_\_\_ City, State \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(Please attach a voided check.)

**Credit/Debit Card Information**

Type of Card \_\_\_\_\_ Name on Card \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Terms and Conditions**

1. I understand that this is a continuous membership plan and will remain in effect for as long as I retain the YMCA's membership cards. Initial \_\_\_\_\_
2. I understand that if I wish to terminate/change my membership in any way, I must fill out the cancellation form. I must sign cancellation forms and return all my YMCA cards upon termination or I will be charged \$1 per card that is not returned. Initial \_\_\_\_\_
3. The YMCA Board may, at its discretion, adjust the monthly rate applicable once per year. I understand I will receive notice prior to any such change. Initial \_\_\_\_\_
4. Should any deduction not be honored by my bank/card for any reason, I realize I am still responsible for payment plus a \$25 service charge applied by the YMCA. I understand it is my responsibility to notify the YMCA in writing if I change my financial institution/account number/credit card at any time. Initial \_\_\_\_\_
5. This authorization remains in effect until the YMCA has received the signed termination papers and I have turned in my YMCA membership cards and signed a cancellation form indicating my desire to discontinue my membership. Initial \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**For Office Use Only:** (To be completed by desk staff taking application)

Completed Form: Y/N    Voided Check: Y/N    Copy CC: Y/N    Policy Copy: Y/N    Initial \_\_\_\_\_