



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MANATEE FAMILY YMCA - ACH/CC AUTOMATIC PAYMENT FORM

This form is required to complete your membership registration to the Manatee Family YMCA as a bank draft member. If you do not have the below information when joining the Y, please return this completed form at your next visit. To avoid your membership being placed on financial hold or possibly terminated, we must have your banking or credit card information by your next visit after joining the Y. **Picture is taken for all new members; however, member ID cards will be printed when form is completed in full.**

PLEASE PRINT

New Member _____ Current Member Change _____

Program Draft _____
Session: _____
Program Code: _____

MEMBER INFORMATION:

Date _____ Branch Name _____ Member ID _____
Member Name _____ Membership Type _____
Address _____ City _____ State _____ Zip _____
Member DOB _____ Email Address _____ Phone _____

I would like to contribute to the Manatee Family YMCA Annual Community Support Campaign

Please add to my monthly membership draft \$ _____

PLEASE READ AND COMPLETE THE FOLLOWING:

I (We) hereby authorize the Manatee Family YMCA to initiate credit entries and/or correction entries to our Checking/Savings ACH OR Credit Card CC indicated by the depository named below. This authorization is to remain in full force until the Manatee Family YMCA has received a Hold/Cancellation Form signed by the member terminating the membership and draft authorization. To terminate automatic draft of your membership fee, you must complete a Hold/Cancellation Form, in full, signed and submitted to the Membership Department on or prior to 15th day of month, which will terminate membership by next draft date. Hold/Cancellation Forms received after 15th day of month will keep the membership active and billable until following month.

_____ **Member Initial**

PAYMENT INFORMATION (Select Method)

Bank Draft (ACH) _____ Credit Card (CC) _____

BANK DRAFT (ACH) INFORMATION:

Bank Name: _____ Name on Account: _____
Bank Routing #/ABA Number:

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 Checking _____ Or Savings _____
Account Number: _____
Signature of Account Holder: _____
Signature of Member (If not the same as account holder) _____

CREDIT CARD / DEBIT CARD (CC) INFORMATION: (If changing from ACH to CC please allow 15 business days to see the change on your account)

Name on Card: _____
Type of Card _____ Last FOUR Digits of Card _____ Expiration Date: _____ Security Code: _____
Signature of Account Holder: _____
Signature of Member (If not the same as account holder) _____

What is a good time of day that we can reach you if our billing department needs to update any of your information?

Morning Afternoon Evening

Specific Time: _____

STAFF USE ONLY

Please ensure that above information is completed in full and is legible.

ACH Draft/CC Start Date:_____

Program Draft Amount:_____ (if applies)

Membership Draft Amount_____ (if applies)

Contribution Draft Amount:_____ (if applies)

Received Unique Pricing ___Yes ___No

Staff Initial_____ Today's Date:_____

Original form is reviewed by Branch Membership Director and forward to Administration Office for processing.

NOTES:
