

YMCA/BANK COPY

AUTHORIZATON FOR AUTOMATIC PAYMENT

I authorize the YMCA of Hannibal and the financial institution named below to deduct the amount of my monthly Membership payment and/or locker(s) from the account identified below. I understand my automatic payment will not be deducted prior to the day of the month I have chosen (10th or 20th). I have the right to stop the deduction by written notification to the Y at least 30 days prior to the next scheduled deduction.

I have read the "FOR YOUR INFORMATION" sheet and agree to the disclosed terms.

Member Name on Membership: _____

Account Holder's Name: _____

Membership Type & Amount: _____ \$____.____

Financial Institution Name: _____

Routing Transit Number/ABA# _____

Financial Institution Account Number to be Charged: _____

Please Mark: Account Type: ___Checking ___Savings

Circle Date: 10th 20th

Signature Required: _____ Date: _____

(Must be an authorized signer for the account identified above)

Your authority will remain in full force and effect until revoked by you, your financial institution, or the YMCA of Hannibal.

STAFF INITIALS _____

PLEASE ATTACH A VOIDED CHECK
