



Y Club Automatic Deduction Plan

I hereby authorize the Adair County Family YMCA to initiate electronic fund entries for the following Y Club Enrollment: _____

Account Holder's Name: _____

Membership Type Monthly Fee: _____

indicated below and the Financial Institution named below to debit/charge my account.

checking 1st of each Month

savings

Financial Institution _____

City, State _____

Routing Number _____

Account Number _____

Who is eligible for the Electronic Fund Transfer Payment Plan Program?

Any adult, 18 years of age and older, who has an account (checking, or savings) at a participating financial institution.

How do I sign up?

By completing this authorization form and returning it along with a voided check or voided deposit slip (if applicable) and the YMCA Y Club Registration application form. The check and or deposit slip must be pre-printed with a customer's name on it.

Terms and Conditions

1. I understand that this is a continuous enrollment plan, and will remain in effect until I cancel enrollment for my child(ren) in Y-Club.

Member's Initials _____

2. I understand that if I wish to or change my enrollment in Y-Club, I must give the YMCA a 30-day written notice. I understand that service will no longer be provided upon termination and that I will receive temporary cards for the balance of the time I have paid for or will be paying for.

Member's Initials _____

4. Should any Y-Club enrollment deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of \$5 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Member's Initials _____

Account Holder's Signature _____ Date _____

To Cancel and with draw from Automactic Deduction please sign below.

Account Holder's Signature _____ Date _____