

**YMCA of Darke County
E-Pay Application**

PLEASE ATTACH VOID CHECK HERE

Authorization agreement

Primary YMCA Member _____ Name of Bank Customer _____
Bank Name _____ **CHECKING ACCOUNT** **SAVINGS ACCOUNT**
Routing/Transit Number _____ Bank Account Number _____
Month of 1st Withdrawal _____ Monthly Deduction: \$ _____ (This amount includes membership and applicable taxes)

I hereby authorize the YMCA to initiate electronic fund entries to the account indicated above, and I authorize the financial institution indicated above to debit my account.

Member's signature _____ Date: _____

Terms and Conditions

1. I understand that this is a continuous membership plan, one that never expires. I agree to retain and utilize the YMCA's membership cards issued to me and my family members (if applicable).
Member's Initial _____
2. I understand that if I wish to terminate or change my membership in any way, I must submit to the YMCA of Darke County written notification no later than the 5th day of current month.
Member's Initial _____
3. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks notice prior to any such change in my membership fees.
Member's Initial _____
4. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment. 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 Initial _____
5. I understand that the YMCA monthly dues will be drafted from my account on the third Friday of each month, unless otherwise informed by the YMCA of Darke County.
Member's Initial _____
6. Membership cards remain the property of the YMCA of Darke County and must be returned upon request.
Member's Initial _____

PLEASE REVIEW AND COMPLETE FORM BEFORE SUBMITTED TO MEMBERSHIP SERVICES