



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Automatic Payment Agreement

↓ Part One

- I understand and agree that this authorization will remain in effect from this date forward.
- I understand that I will not receive a renewal notice.
- I agree to provide 30 DAYS written notice to the Waldo County YMCA to discontinue.
- I agree to provide prompt notice in writing of any changes to my account.
- I authorize the Waldo County YMCA to resubmit all returned payments.
- I choose the date of month for my draft to be (Choose One) **1st** **Or** **15th**

⇒ Signature _____ Date _____
I accept all terms, conditions and requirements listed above.

↓ Part Two

I (we) authorize the Waldo County YMCA to initiate debit entries to my (our) account indicated below and to debit the same such account from this date forward for the applicable membership category I (we) select. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. The Waldo County YMCA may, at their discretion, adjust the membership rate applicable to any category of membership. Rates for each membership category are determined by acceptance of the annual operating budget by the Waldo County YMCA Board of Directors. A notice of rate changes will be prominently posted at the YMCA facility a minimum of four weeks prior to the effective date of any such change.

Credit Card or Debit Card Information



Card Type _____ Card # _____ - _____ - _____ Exp. Date _____

This authorization will remain in full force and effect until the Waldo County YMCA has received **WRITTEN NOTIFICATION** from me (or either of us) of its termination in such time and in such manner as to afford the Waldo County YMCA and depository a reasonable opportunity to act on it. *(A MINIMUM of 30 days written notice is required.)*

Printed Name(s) _____

➔ Signature(s) _____
By signing this form below I accept all terms, conditions and requirements of this agreement.