

**Office Use Only:**

Receipt # \_\_\_\_\_

Last Name: \_\_\_\_\_

Deduction Amount: \_\_\_\_\_

Membership # \_\_\_\_\_ Draft Date \_\_\_\_\_



**AUTHORIZATION AGREEMENT TO HONOR BANK DRAFT/CREDIT CARD DRAWN BY THE YMCA**

I (we) hereby authorize the Crossroads YMCA to initiate debit entries to my (our) account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account. Any change in my membership fee shall, after notice to me, constitute a change in my monthly bank draft amount.

**Draft Date**  1st  15th

Branch:  Griffith  Hammond  Southlake  Whiting

Depository Name: \_\_\_\_\_  Checking  Savings  
(Name of Bank)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until the Crossroads YMCA Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Crossroads YMCA Inc. and **DEPOSITORY** a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print) (Please Print)

**Signed:** \_\_\_\_\_

**Please attach a voided check or a printed letter from your bank stating your name, routing and account number. This is only to verify your account information.**

**One of the above items MUST be attached before your membership can be processed.**

**Thank you and welcome to the Crossroads YMCA we look forward to serving you!**

**CREDIT CARD AUTHORIZATION (A 3% Fee will be added monthly if using this option)**

**Draft Date**  1st  15th

Name on Card: \_\_\_\_\_  Visa  Master Card  Discover

Last 4 Digits \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This authorization is to remain in full force and effect until the Crossroads YMCA Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Crossroads YMCA Inc. and **CREDIT CARD Company** a reasonable opportunity to act on it. **I understand that I will be drafted an additional 3% of the monthly fee by selecting the Credit Card Draft.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print) (Please Print)

**Signed:** \_\_\_\_\_