



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### STOP BANK DRAFT/HOLD AUTHORIZATION

Effective \_\_\_\_\_ or with the next available deduction date, please **cancel** my bank  
(Date)  
draft of \$\_\_\_\_\_. Draft Date:  1st  15th  
(Amount of Deduction)

**Or:**

Effective \_\_\_\_\_ or with the next available deduction date, please **hold** my  
(Date)  
membership without draft and restart my draft of \$\_\_\_\_\_ beginning \_\_\_\_\_.  
Draft Date:  1st  15th

Member's Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Name of bank \_\_\_\_\_ Branch: (City) (State) (Zip)  
 Griffith  Hammond  
 Southlake  Whiting

Do you have more than one draft?  Yes  No Membership Type  Family  Adult  
If yes; name of member \_\_\_\_\_  Senior  Young Adult  
 Youth

Reason:  Monetary Problems (please ask about our income-based scholarship program)  
 Moving  Hours of Operation  Drop for Summer/Winter  Lost Motivation  Not Using  
 Medical Reasons  Unsatisfactory Service  Unsatisfactory Facility  Equipment Availability  
 Transferring to different facility (facility name) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_

- Griffith  Hammond
- Southlake  Whiting

### Receipt of Hold/Stop Bank Draft (To be completed by YMCA Staff)

Member's Name: \_\_\_\_\_

Per your request, your membership will be **canceled** on \_\_\_\_\_

Per your request, your membership will be put on **hold** from \_\_\_\_\_ to \_\_\_\_\_

Draft will begin on \_\_\_\_\_ Staff name: \_\_\_\_\_  
(full date)

**Please do not dispose of this receipt. If a problem arises with your membership cancellation, this form will be required.**

**Crossroads YMCA Inc.**  
201 N. Griffith Blvd., Griffith, IN 46319