

**Marion Family YMCA
EFT Plan
Rules and Authorization Agreement**

1. Your monthly draft will be processed on the 1st 15th day of each month beginning_____. Financial institutions require that funds be available on the last business day before the draft date.
2. You must maintain sufficient funds in your bank account to cover the monthly draft or the bank will treat it as a returned check.
 - If you change banks or receive a new card, you must notify the YMCA at least 15 working days prior to your next draft.
 - If an EFT is returned for non-sufficient funds or a credit card is declined, the YMCA will charge a **\$30.00 NSF fee. We may collect this fee plus the original amount of the EFT or credit card charge electronically through a third party.**
 - Your membership will be cancelled by the YMCA with no advance notice if returned dues are not collected within 30 days, or if **ANY** draft is returned **ACCOUNT CLOSED** or **INVALID ACCOUNT NUMBER**.
3. If the YMCA cancels your membership for unpaid drafts, you may not be eligible to participate in the EFT plan in the future.
4. **MEMBERSHIP IS CONTINUOUS UNTIL CANCELLED IN WRITING PRIOR TO THE LAST DRAFT DATE. THE YMCA WILL THEN DRAFT ONE MORE MONTH MEMBERSHIP DUES. YOUR MEMBERSHIP WILL END 30 DAYS AFTER THIS FINAL DRAFT. TELEPHONE CANCELLATIONS CANNOT BE ACCEPTED.**
5. If the YMCA increases membership dues, we will give you advanced notice and continue drafting the new membership rate.
6. Paying through monthly automatic payments, the Y will add \$1 per month draft fee to the stated membership fee

"As a member of the YMCA EFT plan, I acknowledge that I have read and agree to the above rules."

Account Holder Signature _____ Date_____

Membership Number _____ First Draft Date_____

(Assigned by YMCA staff)

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

I/we hereby authorize the Marion Family YMCA to initiate debit entries to my/our account as indicated below and the depository (bank) named below to debit the same to such account on a **continuous basis** until I/we have complied with item #4 of the above agreement. ATTACH VOIDED CHECK.

Unit Number (Assigned by YMCA staff)		Unit Name				
Depository Name	Routing Number	Account Number	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Name(s) on Account (Please Print)						
Current Membership Rate	+	Sales Tax	+	Handling Charge	=	Current Monthly Amount
Member Signature			Staff Signature			

