



New

Change of Payment

Upper Palmetto YMCA Bank/Credit Card Draft Form

Member Name: _____ DOB: _____

Branch where you joined: _____

Child's Name if applicable: _____

Child's Name if applicable: _____

Membership

Afterschool Program /Branch _____

Program _____

Summer Day Camp /Branch _____

Branch _____

Afterschool/Camp Combo /Branch _____

BANK DRAFT INFORMATION

CREDIT CARD DRAFT INFORMATION

BANK NAME _____

CARD HOLDER NAME _____

ACCOUNT HOLDER NAME _____

CARD # _____

ACCOUNT # _____

CID # (last three digits on back) _____

ACCOUNT TYPE _____ Checking _____ Savings

CREDIT CARD TYPE _____

ABA ROUTING # _____

EXPIRE DATE (mm/yy) _____ / _____

***A voided check is required. We are unable to accept starter checks or deposit slips. A letter from your bank will also be accepted in lieu of a voided check.**

CREDIT CARD BILLING ADDRESS _____

ZIP CODE _____

***MEMBER SIGNATURE (MUST SIGN FOR BANK OR CREDIT CARD DRAFT)**

By signing below, I acknowledge that in the event my automatic draft is returned for any reason, I am subject to the outstanding balance AND minimum \$10 service fee up to a maximum \$35 service fee. In addition, I realize that if my outstanding balance is not paid in full by the last day of the month in which the draft(s) did not go through, my membership will be terminated and/or my child's enrollment in a program may be terminated and my outstanding balance(s) will be turned over to a collection agency. I understand that I will not be able to rejoin or reenroll in a program for myself or my child(ren) without first paying all outstanding balances.

***MEMBER SIGNATURE (MUST SIGN FOR TERMS AGREEMENT)**

Date