

**YMCA of Burlington and Camden Counties
Pre-Authorized Monthly Auto-Pay Plans**

The Auto-Pay Plans are continuous monthly payment plans. I understand this payment plan will remain in effect until cancellation is made in writing to the YMCA of Burlington and Camden Counties (YMCA). Cancellation of these payment plans may be made by completing a YMCA "Auto-Pay Change Form", writing a letter or email a request. The Auto-Pay Plans may be used to make payments for Full Membership, Programs, Strong Kids or Capital Campaign donations.

AUTHORIZATION AGREEMENT

I hereby authorize the YMCA to initiate electronic fund entries to my:

Discover Visa American Express Master Card Card Expiration Date _____ Checking Account

TERMS AND CONDITIONS

1. I understand that these payments are continuous and will remain in effect until written notice is received to terminate or change them.
2. It is my complete understanding if I wish to terminate or change my payments in any way. I must give the YMCA a 30 day written notice. I understand I must turn in all of my membership cards upon termination of my membership.
_____ Initial Here
3. The YMCA Board of Directors may at their discretion adjust the monthly rate applicable to my category of membership. I understand I will receive at least four weeks notice prior to any such change.
4. Should any automatic payment not be honored at my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.
5. Membership cards remain the property of the YMCA and must be surrendered upon demand of that institution.
6. A \$10.00 fee will be assessed for all returned check or credit card auto payments. Payment of the fee and any past due amount(s) must be satisfied before the next draft.
_____ Initial Here

PLEASE PRINT: I _____ hereby give authority to the YMCA of Burlington and Camden Counties to use my charge card or checking account number for monthly payments to be drafted from my account on the 1st or 15th of every month

CHECKING ACCOUNT OR CARD HOLDERS SIGNATURE _____

TO BE COMPLETED BY MEMBERSHIP STAFF:

MEMBERSHIP TYPE: _____

MEMBER NAME: _____

ADDRESS: _____

FIRST DRAFT DATE AND AMOUNT: _____

STAFF INITIALS: _____

TO BE COMPLETED BY AUTO-PAY STAFF:

DATE OF WITHDRAWAL

DATE OF WITHDRAWAL	
1	15
MEMBERSHIP NO.	MO. PAYMENT
	\$

MEMBERSHIP NO.	MO. PAYMENT
	\$

DATE: _____

ATTACH "0" AUTO-CHARGE COPY OR VOIDED CHECK HERE