



the **Long Branch Area YMCA**
Bank Draft Authorization Application

1304 S Missouri St * Macon, MO 63552 * 660-385-1818

I hereby authorize the **Long Branch Area YMCA** to initiate debit entries to my account indicated below, and the financial institution named below to debit the same such account, and if necessary, initiate adjustments for any transactions credited/debited in error. I understand I will receive written notice, at least 30 days prior to scheduled transfer date, of any amount varying from this authorization.

This authorization is to remain in effect until the Long Branch Area YMCA has received at least thirty (30) days notification prior to the date of cancellation. Thirty days prior notification is also required for any changes that are to be made to banks, accounts, or membership type. Changes and or cancellations will only be accepted in writing. It is my responsibility to keep the YMCA informed of any address changes.

I understand that should my membership draft not be honored by the bank for any reason, I am still responsible for any payment due, plus additional service charge(s).

Please Print Name: _____

Bank Name: _____

Bank City: _____ State: _____ Zip: _____

Account to be Drafted: Checking Savings Debit/CreditCard Mastercard Visa Discover

Debit Date: 1st of month 15th of month First Draft Date: _____

Items to be drafted:

- Membership: \$ _____ Youth Adult Family
- Campaign Donation: _____ Amount \$ _____
- Other: _____ Amount \$ _____
- Other: _____ Amount \$ _____
- Other: _____ Amount \$ _____
- Program Fees: _____ Amount \$ _____

Signature: _____ Date: _____

Member to retain one copy of this agreement.

For Office Use Only	
Routing Number: _____	Account Number: _____
Pre-noted _____	Canceled _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.