



AUTOMATIC MONTHLY DRAFT BILLING AUTHORIZATION FORM

GREENSBURG YMCA

101 S. Maple Ave, Greensburg, PA 15601

Phone : 724-834-0150, ext. 111

Member Name: _____

Membership Type: _____

Member please read and initial:

Initial	By signing below I authorize the Greensburg YMCA to withdraw my monthly membership dues on the 20th OF EVERY MONTH from the account listed below. I am also stating that I understand the startup, maintenance and cancellation procedures of the Greensburg YMCA Draft Payment Plan.
Initial	I understand that my draft membership payment will be continuous until I choose to cancel my membership.
Initial	I understand that any change or cancellation of my membership received on or after the 1st of the month will not take effect until the following month's draft.
Initial	I understand that membership cancellation must be done IN PERSON in writing at the Welcome Center.
Initial	I understand that the Greensburg YMCA is not responsible for any drafts deducted more than once after the designated cancellation date; it is the member's responsibility to check their banking/charge statement to make sure the cancellation has been processed as requested.
Initial	I understand that all credit card and EFT draft RETURNS will be assessed a fee of \$30.00 per transaction returned.
Initial	I understand that I must notify the Greensburg YMCA with any changes to my account. These include expired credit card and EFT accounts; name, address, phone, email changes and are done via Change of Agreement form.

I hereby authorize the Greensburg YMCA to initiate debits to the BANK or CREDIT CARD indicated below:

Voided Check Attached

Use Credit Card: (circle) Visa MC Discover Am Express

Name on Credit Card: _____ **Expiration Date:** _____

Account #: _____ **3 Digit Code:** _____

To be completed by Greensburg Y Staff:

First Draft Date: _____ **Monthly Draft Amount:** \$_____

Signature
 Staff Initial:

Printed Name

Today's Date
 Updated 5/24/2023