

BANK DRAFT



AUTHORITY TO DRAW PREAUTHORIZED DEBITS/CREDITS

NAME AS SHOWN ON BANK ACCOUNT (PLEASE PRINT)

EFFECTIVE DATE

ADDRESS - NUMBER & STREET

CITY OR TOWN

STATE

ZIP CODE

BANK

ACCOUNT TYPE

- CHECKING
- SAVINGS

BRANCH/CITY

DESCRIPTION OF CHARGE - MEMBERSHIP/CHILD CARE (Please list child's name)

STATE

ZIP CODE

ROUTING NUMBER

BANK ACCOUNT NUMBER

I request and authorize the YMCA of Columbia - Willamette to make withdrawals by draft or electronic funds transfer to my account with the Financial Institution named above for my membership and/or program fees. It is understood that your sending of a preauthorized draft or electronic funds transfer to the Financial Institution as payment becomes due shall constitute valid notice of such payment due. When the Financial Institution honors the withdrawal by charging my account, such withdrawal shall constitute my receipt for the payment. Should any preauthorized charge not be honored, then it is understood that a redraft will be made at your earliest convenience and may include a service fee for each redraft.

This authority will remain in effect until you have received written notification from me of its termination in such time and in such manner as to afford you a reasonable opportunity to act on it. (Minimum 10 days requested.)

X

SIGNATURE OF ACCOUNT HOLDER

DATE

PLEASE ATTACH VOIDED CHECK FOR PURPOSE OF SETTING UP BANK AND TRANSIT NUMBERS

BUSINESS SERVICES