



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**BANK DRAFT  
AUTHORITY TO DRAW PREAUTHORIZED DEBITS/CREDITS**

Name as shown on bank account (please print) \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City or town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Effective date \_\_\_\_\_ Bank \_\_\_\_\_

Account type  Checking  Savings

Branch/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Description of charge  Membership  Child Care

Please list name of child(ren) \_\_\_\_\_

I request and authorize the YMCA of Columbia-Willamette to make withdrawals by draft or electronic funds transfer from my account with the Financial Institution named above for my membership and/or program fees. It is understood that my 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 withdrawal by charging my account, such withdrawal shall constitute my receipt for payment. Should any preauthorized withdrawal 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 is to 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 ten (10) days requested.

Signature of account holder \_\_\_\_\_ Date \_\_\_\_\_

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