



# Forest City YMCA Bank Deduction Form

**Member Name** \_\_\_\_\_

**Front Desk Instruction:** Ask member to complete and sign this form for new membership enrollment or changes to bank deduction information.

Select One	Category of Membership	Bank Y-MATIC Week of 10 <sup>th</sup>	Enrollment Fee
	Two Adult Plus	\$56.00	\$50
	One Adult Plus	\$45.00	\$50
	Youth	\$19.00	\$0
	Adult	\$37.00	\$50
	Senior	\$29.00	\$50
	College FT PT	\$29.00	\$0
	Two Adults	\$53.00	\$50

- A prorated amount to the 10<sup>th</sup> of the month plus the enrollment fee, if applicable, is required to begin membership.
- We honor all banks.
- The enrollment fee is in effect for new and lapsed memberships and is required in full before cards are issued.
- Credit Cards are not accepted for monthly membership deductions at this time. Credit cards can be used to make the initial payment.
- It is the responsibility of the member to notify the Y by the 5<sup>th</sup> of the month in person or via email if there is a change or cancellation to a membership record.

## BANK Y-MATIC DEDUCTION

Account Member Name \_\_\_\_\_

I (we) hereby authorize Forest City Family YMCA, hereinafter called "COMPANY", to initiate debit entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository

Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Account Holder Name(s)-Please print \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Please attach a voided check or financial institution account verification letter to this form.