

## FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

## HOT SPRINGS FAMILY BANK DRAFT AUTHORIZATION

NAME:	
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	EMPLOYEE INT:
I hereby authorize the <b>HOT</b> S	SPRINGS FAMILY YMCA to draft my checking account at:
BANK NAME:	
ACCOUNT #:	ROUTING #
monthly YMCA membership dumy bank shall constitute valid my bank be my receipt of paymy bank when received by the within one week of notification. for all drafts not honored by my bank refuses to honor my pamount of my draft in the event such changes at least TEN (authorization will remain in ef Cancellation Form, at least understand that my membershipmade to purchase an annual or	de Circle) day of each month for the purpose of collecting my uses. I understand that your sending of a pre-authorized draft to notice of such payment due, and that the draft, when honored by nent. In the event that my pre-authorized draft is not honored by my lagree to make payment to the YMCA for the amount due. I further agree to pay a \$25.00 service charge to the YMCA my bank. I understand that my draft privilege may be cancelled if re-authorized draft. I further agree that the YMCA may adjust the of a membership dues increase, provided that I receive notice of 10 days) in advance of my draft day. I understand that this fect until I notify the YMCA, by completing a Membership ten (10) days in advance of the determined draft date. It p is cancelled at that time, unless other arrangements have been resemi-annual membership, paid for in advance. In the event that terstand that all membership cards must be returned immediately A.
	, understand that I will notify my bank Family YMCA to deduct my monthly dues. If I fail to do so I 25.00 service fee and my membership will be made inactive.
SIGNATURF:	DATE:

(MUST APPEAR AS BANK DRAFT RECORDS)