



Salt Fork YMCA EFT Easy Pay Authorization

740 E Yerby Street • Marshall, MO 65340 • 886-9622 • Fax 886-6599

Authorization for Pre-Arranged Debits

(Pre-Authorized Bill Payments)

I hereby authorize the **Salt Fork YMCA** to initiate debit entries to my account indicated below, and the financial institution named below to debit the same such account.

You will be mailed written notice, at least thirty days prior to scheduled transfer date, of any amount varying from this authorization.

If your EFT membership draft is returned non-sufficient funds (NSF) or closed account on file, or invalid account information you will incur a service fee of \$25 per account, which will automatically be added onto your membership balance.

Please keep the Salt Fork YMCA informed of any address changes 30 days prior to draft date.

Please Print Name: _____

Bank Name _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Type: _____ Checking _____ Savings

Debit Date: _____ 1st of month _____ 15th of month First Draft Date: _____

Items to be drafted:

Membership Type: ___ Youth ___ College Student ___ Adult ___ Household ___ Single Parent
___ Senior ___ Senior Cpl ___ 1st Adult Add ___ 2nd Adult Add

Add on options:

Personal Training: _____ 5 / 30-min Monthly Sessions _____ 10 / 30-min Monthly Sessions

This authorization is to remain in effect until the Salt Fork YMCA has received at **least 30 days notification prior to the date of cancellation**. This also applies to any changes that are to be made to banks, accounts, or membership type. **Changes and/or cancellations will only be accepted in writing.**

Signature: _____ Date: _____



Salt Fork YMCA Credit Card Pay Authorization

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I hereby authorize the **Salt Fork YMCA** to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment.

It is further understand that if such payment is not honored by the bank (or credit card institution) then the Y at its discretion, may resubmit the amount due for payment on a future date.

You will be mailed written notice, at least 30 days prior to scheduled EFT/Credit Card payment date, of any amount varying from this authorization.

If your membership or other debits are returned due to a closed account you will incur a service fee of \$25 which may be electronically deducted from your account. Failure to pay balances will result in membership termination.

Please keep the Y informed on any address changes.

Name: _____
(as it appears on credit card.)

Credit Card Number: _____

Expiration Date: _____ Three Digit Authorization # _____

Credit Card Type: _____

Transaction Date: 1st 15th First EFT Date: _____

Items to be drafted:

Membership Type

1st Adult Add-On	Youth	<input type="checkbox"/>
<input type="checkbox"/>	College	<input type="checkbox"/>
	Adult	<input type="checkbox"/>
2nd Adlt Add-On	Sng Pr	<input type="checkbox"/>
<input type="checkbox"/>	House.	<input type="checkbox"/>
	Senior	<input type="checkbox"/>
	Sr. Cple	<input type="checkbox"/>

Joining Fee: _____

Proration: _____

Personal Training:

5 / 30 Min	<input type="checkbox"/>
Monthly	
Sessions	
10 / 30	<input type="checkbox"/>
Min	
Monthly	
Sessions	

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Signature _____ Date _____

Printed Name