MEMBERSHIP THROUGH DRAFT PAYMENT PLAN

NORTHERN MIDDLESEX YMCA
99 Union Street
Middletown, CT 06457
(860) 347 - 6907

Participant Name _____
(Must be 18 years or older to participate _or_ have a parent/guardian sign this agreement)

I authorize the Northern Middlesex YMCA to charge my:

    Credit/ATM Card

    Checking Account   <u>(copy of the check attached)</u>

Membership Type_____   Monthly Rate $ _____

Date of first Draft _____

Terms and Conditions

1. I understand that this is a continuous, non-contractual membership plan and that funds will be deducted/charged on or about the 15th of each month until I choose to cancel. I also understand that my monthly payment on the 15th of each month is for the current calendar month and *not applied from the 15th to the 15th*.

    Member's Initials _____

2. I understand that if I wish to terminate my membership or make changes to my membership account I must complete the YMCA cancellation or change notice <u>no later than</u> the first day of the month. Example: If I wish to stop membership charges in November, I must complete the cancellation notice no later than November 1st. No Exceptions.

    Member's Initials _____

3. The YMCA may adjust the monthly rate applicable to my membership category. I understand that I will receive at least 30 days notice prior to any such change in my membership fees.

    Member's Initials _____

4. Should any membership deduction/charge not be honored by my bank for any reason, I accept that I am still responsible for the monthly payment, plus a $ 10 service charge applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing no later than the first day of the month, should I change my financial institution and/or account at any time.

    Member's Initials _____

    Signature of card holder _____

    Print Name _____

    Date _____   Last 4 Digits _____

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(Detach and destroy below this line after data is on record)

Credit Card information

Act # _____-_____-_____-_____   Exp Date_____