



# BANK DRAFT AGREEMENT

Please mark or circle appropriate answer. Remember to print clearly.  
 Note: Please attach a voided check or copy of credit card to this form.

**Center:**            \_\_\_ Cold Springs Family Center   \_\_\_ Downtown Wellness Center   \_\_\_ Sparks Family Center

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

**Please initial each item to indicate your understanding and agreement:**

- \_\_\_\_\_ The Bank Draft Plan is a continuous Family or Wellness Center membership plan.
- \_\_\_\_\_ It is to my complete understanding that if I wish to terminate or change my Family or Wellness Center membership in any way, I must give the YMCA of the Sierra a **30-day written notice**.
- \_\_\_\_\_ The YMCA of the Sierra Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of Family Center membership. I understand that I will receive at least 45 days notice prior to any such change.
- \_\_\_\_\_ Should any membership draft not be honored by my financial institution, for any reason, I realize that I am still responsible for that payment. This is in addition to a **\$25.00 service fee** made payable to the YMCA.
- \_\_\_\_\_ The YMCA will automatically redraft my Family or Wellness Center Membership dues if they are unable to debit my account due to account changes or insufficient funds. The YMCA reserves the right to cancel my membership if my account cannot be debited.
- \_\_\_\_\_ My membership will be adjusted as appropriate for age-specific Family or Wellness Center membership.
- \_\_\_\_\_ Would you like to be debited on the **5<sup>th</sup>** or the **20<sup>th</sup>** of the month? (Please circle one)

**Monthly Draft Summary**

Annual Support Campaign	\$ _____	(Proceeds to Kid's to Camp)
Membership Dues	\$ _____	(1 <sup>st</sup> month dues)
Other _____	\$ _____	
<b>TOTAL:</b>	<b>\$ _____</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Staff Use Only	
Primary Member Name: _____	
Name of Financial Institution: _____	
Routing Number: _____	
Account Number: _____	
Check one:    ___ Checking	___ Savings
Credit Card Number: _____	Expiration Date: _____
Check one:    ___ Visa	___ MasterCard
Type of Membership:    ___ Family    ___ One Parent Family    ___ Couple    ___ Adult    ___ Youth	
Withdrawal Date:    ___ 5 <sup>th</sup> ___ 20 <sup>th</sup>	Staff Initial: _____
First Deduction Month: _____	
Monthly Draft Amount: \$ _____	