



Long Branch Area YMCA
Bank Draft Authorization Application

1304 S Missouri St*Macon, MO 63552*660-385-1818*toll free 877-385-YMCA

I hereby authorize the **Long Branch Area YMCA** to initiate debit entries to my account indicated below, and the financial institution named below to debit the same such account, and if necessary, initiate adjustments for any transactions credited/debited in error.

This authorization is to remain in effect until the Long Branch Area YMCA has received at least thirty **(30) days notification prior to the date of cancellation. Thirty days prior notification is also required for any changes that are to be made to banks, accounts, or membership type. Changes and or cancellations will only be accepted in writing. It is my responsibility to keep the YMCA informed of any address changes.**

I understand that should my membership draft not be honored by the bank for any reason, I am still responsible for that payment plus an additional service charge applied by the Long Branch Area YMCA in the amount of \$20.

Please Print Your Name: _____

Bank Name: _____

Bank City: _____ State: _____ Zip: _____

Account Type to be Drafted : Checking Account Savings Account

Debit Date is the (first) 1st day of every month. First Draft Date: _____

Membership Type to be Drafted Monthly: Youth Adult
Family

Total Amount to be Drafted Monthly: \$ _____

Signature: _____ Date: _____

**Attach voided check to this application. Member to retain one copy of this agreement.

For Office Use Only

Routing Number: _____ Account Number: _____

Pre-noted _____ Canceled _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.