



Wilson Family YMCA

Membership Change Form

MEMBER INFORMATION

Primary Member Name _____ Date _____

Address _____

Primary Member Number _____ Phone Number _____

CHANGE FROM:	CHANGE TO:
Membership type: _____	Membership type: _____
Paid in Full: _____ (or) Monthly: _____	Paid in Full: _____ (or) Monthly: _____
EFT (Draft): _____ Cr Card: _____ Invoice (\$1 fee) _____	EFT (Draft): _____ Cr Card: _____ Invoice (\$1 fee) _____

CHANGE OF FAMILY MEMBERS

Name	Birthdate	Membership Number	Add	Remove
1.	/ /			
2.	/ /			
3.	/ /			
4.	/ /			
5.	/ /			

ELECTRONIC FUNDS TRANSFER CHANGES (Draft)

CREDIT CARD DRAFT

Credit Card Information: (circle one) VISA MasterCard

Name on Credit Card: _____ Card Issuer: _____

Credit Card Number: _____ Expiration Date: _____

BANK DRAFT

Name on Account: _____ Name of Bank _____

Routing Numbers: (9-digits) _____

Account Number: _____

Draft Amount From \$ _____ to \$ _____ Draft Date _____

I have given authority to bank/credit card to honor a pre-authorized debit drawn by you on my account for membership payments as indicated above. It is understood that your sending of pre-authorized debit to the bank/credit card, as payment becomes due, shall constitute valid notice of such payment due on this membership. When the bank/credit card honors the debit by charging my account, such debit shall constitute my receipt for the payment. Should any pre-authorization debit not be honored by said bank/credit card when received by them, then it is understood that the payment is to be made by myself in the amount of said draft.

EFT is a continuous membership plan and I understand that my draft is in effect as long as I retain my YMCA membership. I understand that I must give a 30-day written notice to stop my bank/credit card draft. I also understand that I will be given a 30-day advance notice of an increase in membership rates. Should my bank/credit card for any reason not honor any membership draft, I realize that I am still responsible for that payment plus all financial service charges.

Bank/Credit Card Customer's Signature _____ Date _____

FOR YMCA USE

Date Processed _____ Staff Signature _____ Employee Initials _____