NAME ON ACCOUNT:	
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NISHNA VALLEY FAMILY YMCA BANK DRAFT

Bank Draft I hereby authorize the (Nishna Valley Family YMCA) Young Men's Christian Association to initiate variable debit entries into my checking savings account indicated below at the depository named below:							
Depository Name (bank)							
Address:	City:	State:	Zip:				
Bank Transit/ABA No.		Your Account No.					
1st set of #'s		2 nd set of #'s					
Amt. to be Deducted: \$	monthly	Bank Draft will be the	5 th of each month.				

This authorization is subject to the following conditions:

- A voided check must be provided to the YMCA from the above named account (bank draft only). Not a deposit slip.
- The customer must make the initial payment of joiner's fee and one (1) months payment. One month's payment must be submitted in lieu of the draft for the month during change.
- The Association is authorized to change the payment date or amount from time to time by giving the undersigned prior written notice.
- If membership rates are increased, the undersigned's monthly electronic transfer for membership fees will also be increased after giving prior written notice regardless of the original membership anniversary date.
- To cancel a continuous draft, the YMCA must receive prior written notification of the cancellation at least fifteen (15) days prior to the 1st of the month. The YMCA is not responsible for member's failure to cancel their membership in accordance with the stated conditions.
- Monthly membership fees will be pro-rated. Memberships continue until a cancellation form is turned into the YMCA.
- All membership cards, including those of additional family members, must be surrendered at time of termination.
- In case of insufficient funds in the account (NSF), the customer must make cash payments plus processing fee of twenty (20) dollars to the YMCA.
- Withdrawals will be recorded by your financial institution each month and will constitute the undersigned's receipt of payment.
- The YMCA will not be financially responsible for the member's failure to cancel their membership in accordance with the conditions stated above nor for the member's failure to verify withdrawals from their bank account.

I understand that this is a continuous membership with full privileges, related to my membership type, as a member of the Nishna Valley Family YMCA. This authority is to remain in effect until the YMCA and Depository has received written notification from me of its termination in such time and manner as to allow the YMCA and Depository a reasonable opportunity to act. It is the member's responsibility to inform the YMCA of any changes; change of banks, moving out-of-town, etc.

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Signature of Depositor (as shown on Bank Records)	Date		