



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**THE GATEWAY FAMILY YMCA**

ELIZABETH/YOUTH DEVELOPMENT ■ FIVE POINTS ■ RAHWAY ■ WELLNESS/WISE CENTER BRANCHES

**Pre-Authorized Monthly Bank/Credit EFT Draft Plan**

I understand that payments to The Gateway Family YMCA by EFT (Electronic Funds Transfer) Bank/Credit Draft Plan are continuous and renew automatically on a monthly basis. In the event I desire to change or cancel my membership/childcare/donation/other plan in any way, I am required to provide thirty (30) days written notice to The Gateway Family YMCA in person or by certified mail, before such termination or change will take effect, and that terminations must be delivered on the "Notice of Cancellation" form. The Gateway Family YMCA must receive this notification thirty (30) days prior to the next regularly scheduled draft date in order to effectuate such termination. EFT payments will be made on the 5th of the month and all declines will be reprocessed during the month. Until the YMCA is in receipt of written notice, I am responsible for all monthly membership/childcare/donation/other dues. I further understand that YMCA Memberships are non-refundable and non-transferrable.

All changes to EFT Draft information, for example those required due to lost or stolen credit cards, expired credit cards, new bank accounts, routing numbers etc., must be submitted by me prior to the end of the month in which the event occurred.

**Please Print:**

I, \_\_\_\_\_ authorize my bank/credit card to honor pre-authorized electronic funds transfer payments  
 (Account holder's name)  
 drawn by The Gateway Family YMCA on my account as stated below. To initiate this plan I agree to remit a down payment, if applicable. Memberships which lapse for 30 days or more will be considered new memberships and are subject to the Joiner's Fee.

**Please Complete the Following:**

Account Information	
_____	_____/_____/_____
Member's Name	Date
_____	_____/_____/_____
Name on Account (Account holder)	Date
_____	_____
Signature of Account holder	Bank's Name (as it appears on check)
Checking Acct. or Last 4 Digits of Credit Card#: _____	CC Expire Date: ____/____
Account Type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Checking Acct.	

**Terms and Conditions**

1. I acknowledge that if I wish to change or terminate my membership/child care/donation/other, I must comply with the provisions as stated above.
2. The YMCA may, at its discretion, adjust the monthly rate applicable to my membership/childcare category. I understand that I will receive 30 days written notice prior to any such change via email listed in my account.
3. Should any EFT Draft not be honored by my bank or credit card for any reason, I realize that I am still responsible for all payments plus a **\$25 Service Charge** applied by the YMCA, and that all declines will be reprocessed during the month. This is in addition to any service fee my bank/credit card may charge.
4. Membership cards remain the property of the YMCA and must be surrendered upon demand of that institution.

Date: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_

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

Date \_\_\_\_\_ Staff Signature \_\_\_\_\_

**Office Use Only**

Monthly Draft type: \_\_\_\_\_ Fundtime ID# \_\_\_\_\_

Monthly Draft Amount: \_\_\_\_\_

First Draft Date: \_\_\_\_\_