

Signature of Card Holder

## YMCA of Central and Northern Westchester

## **Bank Draft/Credit Card Draft Update**

NAME OF CARDHOLDER/ACCOUNT OWNER		DOWN PAYMENT AMOUNT	MONTHLY PAYMENT AMOUNT		
CRI	EDIT CARD PAYMENTS				
BILLING ADDRESS FOR CARD (MUST INCLUDE ZIP CODE)			MONTHLY DRAFT WILL START		
CAR	RD NUMBER	Card Type (IE Mastercard, Visa)	EXP DATE	CSC CODE	
BA	NK DRAFT PAYMENTS (PLEASE INCLUDE A VOIDED CHECK)				
FULL NAME OF BANK		ACCOUNT NUMBER	ACCOUNT NUMBER		
BAN	NK ADDRESS	BANK ROUTING NUMBER			
•	As a participant in the Credit Card Payment Plan or B Westchester to charge the agreed upon monthly ament obligation.	•			
•	I understand that these monthly payments are validate record of payment.	ated with this agreement and that my m	onthly stateme	nt shall be my only	
•	If there is a membership rate change, the YMCA of Codays before the new rate goes into effect.	entral and Northern Westchester agrees	s to notify me ir	n writing at least 30	
•	I understand that my membership with the YMCA of renew automatically until I submit a written cancelat				
•	I have provided a voided check for my bank draft and mediately if there are ay changes to my account info	·	rthern Westche	ester in writing im-	
	I understand that there is a \$15 charge for non-suffic	ient fees (ACH).			
•					
•	I understand that the YMCA of Central and Northern privileges for said payment method will be revoked (	•	my account twi	ce and then my	

Date