

Billing Information Update

Member Name: _____ ID #: _____

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·	ŕ	o charge my (our) account monthly, in the amount
	·	ner authorization. It is understood that this agreement
•	•	n authorized in writing by me (us) and when I (we) have
·		right to adjust monthly debit entries for uncollected
		terminate this agreement due to nonpayment of
•		nade automatically on the 15 th of each month. The
		e event that your payment is unable to be processed.
		al institution. Please note that your bank may also
charge an additional non-s	sufficient fund fee.	
Account Type:	Checking	Savings
Bank Name:		
Transit Number:		
Account Number:		
Card Type:	Master Card	Visa
Credit Card #:		Exp. Date:
Current Monthly Char	ge: \$	
New Monthly Charge:	\$	
The signature below states m	ıy understanding that I have agr	reed for the Greater Waterbury YMCA to draft the account
indicated above perpetually,	for the draft amount indicated a	above until I cancel my membership. Fees may change with
30-days notice. I understand	that a minimum of 30 days is r	equired to terminate this agreement.
Signature:		Date:
	Office	e Use Only:
	ъ.	Dragged by: Date:
Received by:	Date:	Processed by: Date: