

Billing Information Update

Member Name: _____ ID #: _____

ı	ELECTRONIC FUNDS 1	TRANSFER (EFT) AGREEMI	ENT
I (we) hereby authorize th	ne Greater Waterburv Yl	MCA to charge my (our) acco	ount monthly, in the amount
·	•	further authorization. It is und	•
	·	when authorized in writing by	_
•	•	s the right to adjust monthly	
·		and to terminate this agreer	
	, -	are made automatically on t	
·		to \$30, in the event that yo	
	•	on your financial institution.	• •
may also charge an addition		•	riedse note that your bank
may also charge an addition	mar non summerent runa	ice.	
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:	\$		
indicated above perpetually, done in writing via email or b	for the draft amount indica y submitting them on out w	ve agreed for the Greater Waterb ated above until I cancel my men vebsite: www.waterburyymca.org. red to terminate this agreement.	bership. Cancellations must be
Signature:		Date:	
	01	ffice Use Only:	
Received by:	Date:	Processed by:	Date: