



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OSWEGO YMCA SACC BANK DRAFT WITHDRAWAL AUTHORIZATION

I hereby authorize Oswego YMCA to initiate ACH entries and, if necessary, adjustments (credit and debit) for any entries in error to the following account:

Check one:

Checking Savings Credit / Debit Card account

From my Bank listed below

Commercial Banks Only

Customer's Bank Name _____

Bank Transit Routing / ABA Number _____

Customer Account Number _____

OR

Credit Debit Card Account Number _____ Exp Date _____

PLEASE ATTACH COPY OF CHECK OR CARD:

Please initial: Your initials indicate understanding and acceptance of the policy described.

____ I understand this authority will remain in full force and effect through June of the current school year only.

____ I understand I am required to give 30 days notice before cancelling my bank draft authorization.

____ I understand I will be charged an \$18.00 bank fee for any failed or declined draft.

Print Name: _____

Signature: _____ **Date:** _____