



# PAYMENT AUTHORIZATION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

For your convenience, we require that membership and program fees be payed via our "Easy Pay" plan, where fees are automatically deducted from a valid checking account, bank debit card, Visa, MasterCard or Discover. This electronic debiting process is an easy and convenient way to pay. Please take a moment to read the terms of the plan and sign below. Feel free to speak with a Member Services Representative if you have any questions. Thank You.

### "Easy Pay" Plan Terms

1. \_\_\_ (Initial) After reading the terms below regarding the Easy Pay plan and then signing this agreement, you are giving the Oswego YMCA the authorization to automatically deduct your monthly Membership and or Program fees from the account you have designated (either checking account or a Visa, MasterCard or Discover)
2. \_\_\_ (Initial) Please notify the Oswego YMCA by the **5<sup>th</sup> of the month** prior to your scheduled automatic withdrawal date for your membership dues or **5 days prior** for any reoccurring programing fees for any changes that will impact our automatic deduction, such as, switching to a new bank or credit card, closing your checking account, a credit card expiring or losing your credit card due to identity theft.
3. \_\_\_ (Initial) Please note: if we do not receive notification in writing **by the 5<sup>th</sup> of the month prior** to your scheduled automatic withdrawal date for your membership dues or **5 days prior** for any reoccurring programing fees and we receive a "decline" on your credit card account or an "insufficient funds" notice, we will send you a letter regarding this situation and you will incur a **\$18 service charge fee**. Your membership or program participation will be suspended until you can provide the corrected information and pay for any outstanding balances. Please help us keep our records up to date so that you will not incur this fee.
4. \_\_\_ (Initial) **CANCELLATION POLICY** If you wish to cancel your membership or participation in a program, you must do so in writing by the 5<sup>th</sup> of the month prior to your scheduled automatic date. Since we do not require long term contracts, we require members or program participants to follow our Cancellation Policy. You will need to visit the Member Service Desk and complete a Cancellation Form. Please understand that if you do not notify the Oswego YMCA in writing by the 5<sup>th</sup> of the month you will be responsible for paying for your membership, program and any other fees there are **NO EXCEPTIONS**.
5. \_\_\_ (Initial) The Oswego YMCA Board may, at its discretion, adjust the monthly rates applicable to your membership category annually. You will receive at least four weeks' notice prior to any such change of the membership fees. Your program and any other fees can be changed by the Program or Executive Director at any given time with prior notice.

### Authorization Agreement

I hereby authorize the Oswego YMCA to initiate automatic debits from the account indicated below in accordance with the schedule of my monthly membership, program and any other fees as fixed by the Board of Directors. This authorization will remain in full force and effect until I have notified the Oswego YMCA in writing by the 5<sup>th</sup> of the month prior to your scheduled automatic withdrawal date. I have read the terms of this agreement as described above and agree to abide it.

\_\_\_\_\_ City, state \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cardholder's Billing Address

\_\_\_\_\_ Signature of Billing Member \_\_\_\_\_ Date \_\_\_\_\_  
Print Name of Billing Member

Bank Account Type: <input type="checkbox"/> Checking Financial Institution: _____ City, State: _____ Routing/Transit number: _____ Account Number: _____	Credit /Debit Card Information: <b>(\$2 additional processing fee applies for each reoccurring transactions)</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card Number: _____ Expiration Date: _____ Name on Card: _____
--	--

### Office Use Only

Membership Type or Program Name	Today's Date	Draft Start Date	Monthly Rate or Program Fees	Staff Initial