PAYMENT AUTHORIZATION FORM

For your convenience, we require that program fees be paid 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 at the Welcome Center 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 program fees from the account you have designated (either checking account or a Visa, MasterCard or Discover)

2. ____ **(Initial**) Please notify the Oswego YMCA at least **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 at least **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 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 participation in a program, you must do so in writing at least **5 days prior** to your scheduled automatic draft date. Since we do not require long term contracts, we require members or program participants to follow our Cancellation Policy. You will need to contact/visit the Welcome Center at the Oswego YMCA. Please understand that if you do not notify the Oswego YMCA at least **5 days prior** to the scheduled draft date, you will be responsible for paying for your program and any other fees. There are **NO EXCEPTIONS**.

5. ____ **(Initial)** Your program and any other fees can be changed by the program, Program Director, 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 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 at least **5 days prior** to your scheduled automatic withdrawal date. I have read the terms of this agreement as described above and agree to abide it.

_____	_____	_____
Cardholder's Billing Address	City, state	Zip Code
_____	_____	_____
Print Name of Billing Member	Signature of Billing Member	Date

Bank Account Type: ❑ Checking Financial Institution: _____ City, State: _____ Routing/Transit number: _____ Account Number: _____	Credit /Debit Card Information: **($2 additional processing fee applies for each reoccurring transactions)** ❑Visa ❑MasterCard ❑Discover Card Number: _____ Expiration Date: _____ Name on Card: _____

Office Use Only

Program Name	Today's Date	Draft Start Date	Program Fees	Staff Initial