

**SOUTH COUNTY FAMILY YMCA
BANK DRAFT AUTHORIZATION FORM**

I hereby authorize the SOUTH COUNTY FAMILY YMCA, INC. to initiate a debit to my CHECKING/SAVINGS account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the South County Family YMCA is notified by me in writing to cancel in such time as to afford the South County Family YMCA and Financial Institution a reasonable opportunity to act on it.

Customer Signature

Date

Customer Name (print)

Name(s) of child(ren)

Draft Information

Program Involved _____ Draft Start Date _____

First Draft amount _____

Drafts will be on the 1st & 15th

Amount of bimonthly draft _____

Please staple a voided check or credit card imprint to this form

IMPORTANT: PLEASE NOTE THAT ALL BANKDRAFT CHANGES MUST BE SUBMITTED IN WRITING 7 DAYS PRIOR TO ACTUAL DRAFT DATE.

Visa/Mastercard/Discover