



YMCA

We build strong kids,
strong families, strong communities

BANK DRAFT

AUTHORITY TO DRAW PREAUTHORIZED DEBITS/CREDITS

Name as shown on bank account (please print) _____

Effective date _____ Address (number & street) _____

City or town _____ State _____ Zip Code _____

Bank _____ Account type _____ Checking _____ Savings _____

Branch/City _____

Description of charge – Membership/Child Care

(please list child's name) _____ State _____ Zip Code _____

Routing Number _____ Bank Account Number _____

I request and authorize the YMCA of Columbia – Willamette to make withdrawals by draft or electronic funds transfer from my account with the Financial Institution named above for my membership and/or program fees. It is understood that your sending of a preauthorized draft or electronic funds transfer to the Financial Institution as payment becomes due shall constitute valid notice of such payment due. When the Financial Institution honors withdrawal by charging my account, such withdrawal shall constitute my receipt for payment. Should any preauthorized withdrawal not be honored, then it is understood that a redraft will be made at your earliest convenience and may include a service fee for each redraft.

This authority is to remain in effect until you have received written notification from me of its termination in such time and in such manner as to afford you a reasonable opportunity to act on it. (Minimum 10 days requested.)

Signature of account holder _____ Date _____

**PLEASE ATTACH VOIDED CHECK FOR PURPOSE
OF SETTING UP BANK AND TRANSIT NUMBERS**