YMCA OF WESTERN MONMOUTH COUNTY

☐ **FREEHOLD BRANCH**
470 East Freehold Road, Freehold NJ 07728

☐ **OLD BRIDGE BRANCH**
1 Mannino Park Drive, Old Bridge NJ 08857

MEMBERSHIP AGREEMENT
MONTHLY BANK / CREDIT CARD DRAFT PAYMENT PLAN AUTHORIZATION

Please Print

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

City, State & Zip: _____ Cell Phone: _____ Work Phone: _____

Draft Membership Agreement	Initials
1) The Bank / Credit Card Draft Payment Plan is a continuous membership plan. I understand that this membership will remain in effect until frozen or canceled by me in writing or by the YMCA of Western Monmouth County.	
2) To initiate this plan, I agree to pay the Enrollment Fee and first month's membership by cash, check or credit card.	
3) I understand that my Checking account will be charged on the 5th day of the month or the next official bank day **or** my Credit Card account will be charged on the 6th of the month or the next official bank day.	
4) I understand there are no refunds given. It is my responsibility to check my monthly bank or credit card statement and report any discrepancies within 30 days to the YMCA of Western Monmouth County.	
5) I understand that in order to cancel this agreement, I must give written notification *and* return my YMCA membership cards by the 20th of the month to be cancelled for the next month.	
6) I understand that I am financially responsible for all payments from my account in order to retain my YMCA membership. Should my monthly amount not be honored by my bank or credit card account for any reason, I agree to be responsible for that payment plus a $25 Service Charge applied by the YMCA. This is in addition to any service fee my bank may charge.	
7) I understand that the YMCA reserves the right to cancel this agreement and my membership if payment is not received by the last day of the month or for violation of our Code of Conduct.	
8) I understand that the YMCA reserves the right to increase general membership fees as necessary and will notify me in writing 30 days prior to the increase at the address I have given.	
9) I understand that as I or family member(s) age into a new membership category, my monthly draft amount will be adjusted accordingly.	
10) Membership cards remain the property of the YMCA of Western Monmouth County and must be surrendered upon demand or cancellation. Membership cards must be scanned upon entering the facility and are not transferable. A $5.00 fee will be charged to replace a lost card.	
11) I acknowledge that I have received a copy of this draft authorization form.	

I hereby authorize the YMCA of Western Monmouth County to charge my Checking or Credit Card account for monthly payments in the method of payment I have indicated below.

Signature of Account Holder: _____ Date: _____
(must be over 18)

OFFICE USE ONLY

Member's Name: _____ Monthly Amount: _____

Membership Type: _____ First Draft Date: _____

Entered by: _____ Date: _____ Verified by: _____ Date: _____

PLAN A: Credit Card Account **PRINT NAME OF ACCOUNT HOLDER:** _____

Expiration Date: _____ **Sec. code** _____ Amex ____ Discover ____ MasterCard ____ Visa ____

–OR–

PLAN B: Checking Account (A voided check must accompany this application)

Bank Name: _____ Checking Account #: _____ Routing #: _____