



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA PROGRAM DUES/FEE AGREEMENT

Member's Name (First, Last) _____

Program _____

Family Center _____

Monthly Recurring Payment Date _____

Amount \$ _____

Per Month _____

Payment Type (Circle one): Checking/EFT Credit Card

Electronic Funds Transfer Authorization

If providing a check as payment, I _____ authorize you to use information from my check to make a one-time electronic payment funds transfer (EFT) or draft from my account, or to process the payment as a check transaction. When you use information from my check to make an EFT, funds may be withdrawn from the account as soon as the same day my payment is received, and I will not receive my check back from my financial institution.

I _____ authorize my bank to honor pre-authorized EFTs drawn by the YMCA of Central Florida for monthly program payments and/or contributions. It is understood that my EFT will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the EFT by charging my account, such EFTs constitute my receipt for the payment. Should any EFT not be honored by said bank when received by them, it is understood that payment is to be made by me in the amount of said payment plus service charge.

Credit Card Payment

Card Type:

Visa

Mastercard

Amex

Discover

I, _____ authorize the YMCA of Central Florida to charge my account/card ending in (last 4 digits) _____ on a monthly basis to pay for my program dues.

Please read and initial each section below to acknowledge these terms.

Initial

1. I understand cancellations must be submitted on the required Cancellation Form **IN PERSON** to a **YMCA of Central Florida Family Center AT LEAST 30 DAYS PRIOR TO THE NEXT DRAFT DATE**. Failure to do so will result in that month's draft being non-refundable. **Cancellations via fax, phone, mail or email are not permitted. A YMCA of Central Florida Cancellation Form must be completed.**

Initial

2. I understand dues are continuous every month regardless of use of the program until the proper change procedure is followed. If for any reason your check or electronic draft is returned, it may be collected electronically through a third party vendor. A minimum return fee of \$20 will be assessed for this service. The YMCA is not responsible for any other collection fees assessed by individual banking institutions.

Initial

3. I understand any participants whose electronic draft is returned and not resolved prior to the next draft date will have his or her program canceled by the YMCA. In order to reinstate a program membership, all outstanding balances must be paid in full.

Initial

4. I understand memberships and program fees are non-transferable and will not be refunded beyond 6 months after payment has been processed.

Initial

I understand the above program financial terms/information and agree to abide by all policies and procedures set forth by the YMCA of Central Florida. (Rates are subject to change.)

Account Holder's Signature _____

Date _____

Staff Initials _____

MEMBER# _____

TO BE ENTERED BY YMCA STAFF