

EFT / DRAFT AUTHORIZATION

Name & address of financial institution maintaining account:

eliminating racism
empowering women

ywca

Clinton, Iowa

TYPE OF ACCOUNT [] Checking [] Savings

Please pay and charge to my account all drafts by Gateway YWCA Clinton, Iowa, 52732, to its own order once each month in the following amount:

- Amount of monthly YWCA Fitness Membership package: _____
- Become a YWCA Mission Member! A gift of just an additional \$9 per month makes you a YWCA Mission Member, supporting vital community programs like our YWCA Homelessness Prevention & Rapid Rehousing Programs.
- Give what you can...each additional dollar given helps families facing homelessness in Clinton and Jackson Counties!
Amount of additional monthly giving: _____

⇒ **Total monthly EFT withdrawal:** _____, **Beginning on:** _____

I agree that you shall be fully protected in honoring any such draft. I agree that your treatment of each draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

I understand that this is an ongoing membership contract. I understand that there are no refunds in the purchase of this membership. I understand that increases in membership dues/monthly EFT draft will be listed in the YWCA brochure/mailler and this will serve as my written notification of an increase in my EFT. I understand that this EFT/draft authorization will remain in effect until the time that I cancel my membership. I understand exit paperwork and 30 days notice is required to cancel my membership. I understand that if this account is closed and the YWCA is not notified within 30 days as to a new account or the balance is not paid in full, this account will be turned over to a collection agency. I understand if a payment comes back as insufficient funds the payment will be resubmitted on or about the 15th of the month or within 2 weeks of the original payment until balance due is up to date.

Please initial all the following to indicate you have read and understand the following:

_____ I understand this is an ongoing, monthly membership contract that will continue until I choose to cancel it.

_____ I understand exit paperwork and 30 days notice is required to cancel my membership.

_____ I understand that one final payment will be deducted from my account once cancellation paperwork has been received.

_____ I understand it is my responsibility to confirm that the cancellation paperwork has been received by the YWCA.

_____ I understand if payment comes back as NSF it will be resubmitted until balance due is paid.

_____ I have read and received a copy of this form for my records. (A copy will be kept on file at YWCA Clinton.)

Signature: _____

Date: _____

Account Number: _____