

## YMCA Bank Draft for Program

I, \_\_\_\_\_, give the Hartsville Family YMCA permission to draft my bank account or credit card for the amount of \$\_\_\_\_\_. I understand that this draft will continue to occur each time the payment is due for this program unless I sign a cancellation receipt at the YMCA or send a written letter or fax\*. I am responsible for the payment and a \$25 service charge if the draft should return. I also understand that if I do not cancel prior to the draft date, the amount drafted will remain as a credit on my account, or \$10 will be deducted for its return to me via check or electronic return.

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Signature

Date

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Program Name

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Draft Occurrence (Weekly/Monthly & Day)

\*Receipt of fax must be verified by a YMCA staff member. Please call the Front Desk to ensure the arrival of a facsimile.