## SARATOGA REGIONAL YMCA EZ PAY MONTHLY DRAFT AUTHORIZATION

MEMBER NAME	DOB MEMBERSHIP TYPE
ADDRESS	
сіту	STATE:ZIP:
EMPLOYEE OF: STEWART'S SARATOGA HOSPITAL	ADIRONDACK TRUST COMPANY OTHER
SAVINGS OR CHECKING ACCOUNT	CREDIT/DEBIT CARD
NAME(AS IT APPEARS ON ACCOUNT)	NAME (AS IT APPEARS ON CARD)
	(AS IT APPEARS ON CARD)
BANK NAME	VISA/MC/AMEX/DISCOVER ACCOUNT #
BANK ADDRESS	
ROUTING #(FIRST LONG NUMBER ON CHECK)	EXPIRATION DATE/
ACCOUNT #  I authorize the Saratoga Regional YMCA to access my checking or savings account for my monthly membership dues payment. I understand that the payment will be electronically transferred monthly from my account to the Saratoga Regional YMCA.	I authorize the Saratoga Regional YMCA to access my VISA, Mastercard, American Express, or Discover Card for my monthly membership dues payment. It is understood that sending of a pre-authorized payment to the designated account as said payment becomes due, constitutes valid notice of such payment due on this membership. When my issuing bank authorizes
A voided check must accompany the above checking account information.	this transaction by charging the designated account, such an authorization will serve as a receipt for the payment.
SARATOGA REGIONAL YMCA EZ PAY AGREEMENT  1. I understand that the EZ Pay Draft authorizes a perpetual monoautomatically renews monthly.  2. If I wish to cancel my membership and pre-authorized draft, writh thirty (30) days prior to the first day of the month of cancellation. All membership and pre-authorized draft, writh thirty (30) days prior to the first day of the month of cancellation.	tten notice must be received by the Saratoga Regional YMCA pership cards will be required
to be turned in when the membership terminates.  3. Should any membership draft not be honored by my bank/crepaying fees or any charges assessed to the YMCA associated with the repayment my membership may be revoked.  4. The Saratoga Regional YMCA reserves the right to cancel my	dit card company for any reason, I realize that I am still responsible for eturn or decline of my EZ Pay transaction. If I fail to make the required
or consistently over a six (6) month period. The Saratoga Regional YMC/ membership has been previously revoked.	
5. The YMCA, at its discretion, may adjust the monthly rate app days notice prior to any change.	licable to any category of membership. Members receive at least 30
6. I agree to immediately notify the Saratoga Regional YMCA of my membership charges.	any changes in my credit or bank account that may affect payment of
I HAVE READ, INITIALED AND UNDERSTAND THE ABOVE TERMS AND D	URATION OF THE AGREEMENT.
SIGNATURE	DATE
	STAFF INITIAL: