

GCY Swim Team

YMCA of Greensboro

Child(ren)'s Name: _____

Account Holder's Name: _____

BANK DRAFT AGREEMENT:

Please indicate type of account: Credit Card Checking Account (voided check) Savings Account

I give authorization to the YMCA of Greensboro to automatically draft \$_____ a month from my account. I have provided a **copy of my credit card** (front desk will make), a **voided check** or a **bank issued statement** indicating routing and account number from my checking or savings account. It is my understanding that the draft will take place on the **15th of each month** and cannot be changed from that date . _____ (initials)

Member's Agreement:

1. I understand that all **cancellations** for any reason are **subject to approval by Coach David Teel** and until I sign the form with Coach Dave my child(ren) cancellation is not official. _____ (initials)
2. I understand that cancellation of swim team draft (s) does not cancel my child's or families membership. Nor does cancellation of my membership cancel any swim team drafts. _____ (initials)
3. I understand that **30 DAY WRITTEN NOTICE** is needed for any changes in account numbers. Errors or questions regarding the draft should be addressed to the administrative coordinator as soon as possible. Any error must be identified **NO LATER THAN 60 DAYS** from the posted bank statement date. The YMCA **DOES NOT** accept responsibility for any errors, if **MORE THAN 90 DAYS** have past since the initial error. _____ (initials)
4. Should any monthly draft not be honored by my bank for any reason, I realize that I am responsible for that payment plus a **\$20 service charge** applied by the YMCA. This is in addition to any service fee my bank may charge.

Please note, if the person whose account is being drafted is not the YMCA member, it is understood that the account holder is responsible for the above agreement and conditions.

Account Holder's Signature: _____ Date: _____