

## OR

I hereby authorize the Y to charge my credit card for the deduction(s) listed below. I agree to notify the Y of any changes to the card listed below. I understand that there is a 2% service fee for credit/debit card payments. I understand if my credit card is rejected for any reason, I will be assessed a fee. I understand that any credit card fees charged will not be refunded or reimbursed back. \_\_\_\_\_\_ (initials)

## AND

I understand that I must notify the Y in writing prior to the 1st of the month to stop the transfer of the next month's dues. I understand membership dues are charged every month to my selected billing method. The Y stops withdrawal from my bank <u>ONLY</u> after receiving my written notice. I understand that if I do NOT notify the Y before my dues are charged that I will not be refunded or reimbursed. \_\_\_\_\_\_(initials)

Name of Account Holder (pl	ease print)		
Please specify bank/credit u	inion		
Routing number			
My account number at the al This account is:che			
OR			
VISA MasterCard Discover Card #			Exp. Date
Type of deduction: (pleas	e initial)		
Single (Prime to Y)	(initials)	Additional Child (0-12)	(initials)
Family of 2	(initials)	Family of 3 +	(initials)
Signature			Date
Print Name:			-