



YMCA OF HONOLULU A+/ASP/BSP DRAFT AUTHORIZATION FORM

For your convenience you are able to set up monthly recurring draft payments to pay for YMCA programs. Simply fill out the form below and turn it in at your YMCA Branch for processing.

- Please note that you must make an initial monthly payment prior to draft going into effect.
- If changes are made to draft account information, immediately contact your YMCA Branch to update payment information.
- A \$25.00 service charge will be assessed by the YMCA for any draft returned as uncollectible.
- Draft payments must be cancelled in writing one month prior to final draft.
- YMCA of Honolulu Withdrawal and Refund policy applies to all withdrawals/cancellations.
- Electronic receipts will be sent to the email address provided below. If email access is not available a paper receipt will be mailed.

Participant's Name: _____ Today's Date: _____

Program Name: _____ ***Please Complete*** Email Address: _____

Pls. Include A+/ASP/BSP Site Name/Location

DRAFT PAYMENT INFORMATION:

Please start my Monthly Draft in the following Month: (Circle One) For Year: 20_____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Account Holder Information:

Last Name _____ First Name _____ Phone (____) _____

Mailing Address _____ Zip Code _____

Checking/Savings Drafts:

Financial Institution/Branch _____

Last 4-digits of Acct Number: [] [] [] [] Routing Number: _____

Credit Card Drafts:

Card Type (Circle One): AMEX Discover VISA Mastercard JCB

Last 4-digits of Card Number: [] [] [] [] Exp Date ____/____

I authorize the YMCA of Honolulu to draft monthly payments from my account with the financial institution named above or charge the credit card above for payment of fees.

Account Holder's Name (Print) _____ Account Holder's Signature _____ Date _____

Detailed Draft Payment Information

*Note: In an effort to protect your personal information, this information will be entered into a secure database, detached, and destroyed within 180 days from date of receipt.

Account/Card Holder Name (Print as it Appears on Account/Card) _____ Today's Date _____

Account Payment Type:

- Checking: Full Acct # _____ Credit Card Billing Zip Code: _____
- Savings: Full Acct # _____
- Credit Card: Type _____ Full Card Number _____ Exp. Date ____/____