



CREDIT/DEBIT CARD PLAN CONTRIBUTION AGREEMENT

- 1. The Silver Bay YMCA Credit/Debit Card Plan is a continuous contribution plan. I understand that this monthly contribution will remain in effect until I give a 30-day written notice.
- 2. I understand that if I wish to terminate or change my contribution in any way, I must notify Silver Bay YMCA.
- 3. Should my bank for any reason not honor any contribution payment, I realize that I am responsible for any penalties charged by my bank.
- 4. I have attached a copy of the front and back of my credit/debit card.

I have read and understand the above terms and duration of this agreement

Signature of Contributor _____ Date _____
Signature of Silver Bay YMCA Representative _____ Title _____ Date _____

AUTHORITY TO CHARGE DEBIT OR CREDIT CARD FOR CONTRIBUTION

Name of Card Holder (Please Print) _____

Mailing Address of Card Holder (Street, City, State, and Zip Code) _____

I authorize Silver Bay YMCA of the Adirondacks to charge \$_____ from the account listed below on the 22nd of each month.

Type of Credit Card (please check one): ___VISA ___ MC ___Amex ___DISCOVER

Full Name on Card: _____

Account Number: _____

Expiration Date: _____ CVC (3 digit code on the back) _____

I authorize Silver Bay YMCA of the Adirondacks to charge my VISA, MasterCard, American Express, or Discover card for my monthly contribution payment. I understand that when Silver Bay YMCA sends a pre-authorized payment to the designated account as said contribution becomes due; this shall constitute a valid notice of payment of this contribution. When my issuing bank authorizes this transaction by charging the designated account, such authorization will serve as a receipt for the contribution.

Signature of Card Holder _____ Date _____



BANK DRAFT PLAN CONTRIBUTION AGREEMENT

- 1. The Silver Bay YMCA Bank Draft Plan is a continuous contribution plan. I understand that this monthly contribution will remain in effect until I give a 30-day written notice.
- 2. I understand that if I wish to terminate or change my contribution in any way, I must notify Silver Bay YMCA.
- 3. Should my bank for any reason not honor any contribution payment, I realize that I am responsible for any penalties charged by my bank.
- 4. I have attached a blank, voided check or a cancelled check to verify my bank account number.

I have read and understand the above terms and duration of this agreement

Signature of Contributor _____ Date _____

Signature of Silver Bay YMCA Representative _____ Title _____ Date _____

AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR CONTRIBUTION

Name of Bank Customer (Please Print) _____

Mailing Address of Bank Customer (Street, City, State, and Zip Code) _____

I authorize Silver Bay YMCA of the Adirondacks to withdraw \$_____ from the account listed below on the 22nd of each month.

Type of account (please check one): _____Checking Account _____Savings Account

Full Name of Bank: _____ Address of Bank: _____

I hereby request and authorize the Silver Bay YMCA to debit my account for monthly contribution through an automatic bank withdraws. I agree that my rights in respect to such debit shall be the same as if it were a check drawn and signed personally by me. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment.

Depositor's Account Number _____ Bank Routing Number _____

Signature of Bank Depositor (As shown on Bank Records)
