

DRAFT AUTHORIZATION AGREEMENT



Westport Weston Family Y
We build strong kids,
strong families, strong communities

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF WESTPORT/WESTON, INC.
D/B/A WESTPORT WESTON FAMILY Y

Member Name: _____

Recurring Monthly Payment _____

• Bank Draft Information

Bank Name _____

Bank City, State, Zip _____

Bank Transit/ABA No. _____

Bank Account No. _____

Account Type Checking Savings

****PLEASE ATTACH VOIDED CHECK FROM YOUR ACCOUNT****

• Credit Card Information

Credit Card Number (MC/VISA /Discover only) _____ Exp Date _____

Cardholder's Name _____

Street Address _____

City, State, Zip _____

Phone: Days () _____ Evenings () _____

The undersigned hereby agrees and authorizes the Westport Weston Family Y to process charges to the above credit card/bank account on a recurring monthly basis in the amount noted above. Said monthly charges shall continue until Member notifies the Y, in writing, to cancel such charges. The Y requires a minimum of 30 days notice of intention to cancel membership and/or program privileges.

The minimum term of the Contract for Membership is 12 months. Members who cancel their membership before the required 12 months are subject to a \$75.00 early termination fee. If membership is reinstated, all initial joining fees apply.

Member acknowledges that scheduled price increases may be automatically processed. The Y will mail notice of increases 30 days before they take effect.

Member agrees to provide updated credit card/bank information upon request. The Y needs updated information to continue to process monthly payments. Member understands that failure to provide valid credit card/bank information to the Y will result in immediate suspension of membership privileges.

Member agrees that this authorization is binding and irrevocable.

CARDHOLDER'S SIGNATURE: _____ DATE: _____