

**SUMMIT AREA YMCA  
MEMBERSHIP AGREEMENT  
PRE-AUTHORIZED MONTHLY  
CHARGE ACCOUNT PLAN**

Berkeley Heights Y   
Springfield Y   
Summit Y

**OFFICE USE ONLY:**

Member Name \_\_\_\_\_  
Member ID # \_\_\_\_\_  
Staff Name \_\_\_\_\_

\$ _____	Monthly Charge Amount	Membership Type _____
+\$ <u>5.00</u>	Voluntary Contribution per month to the Strong Kids Campaign	
=\$ _____	<b>Total Monthly Fee</b>	

Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MasterCard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AmericanEx	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiration Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I (Credit Card Holder Name ) \_\_\_\_\_ hereby authorize the Summit Area YMCA to use my charge account number for the agreed upon amount to be charged on or about the \_\_\_\_\_ of each month. Rate adjustments may be made periodically by the YMCA with a minimum of 30 days notice prior to any change. To cancel a membership for any reason, I agree to give 30 days notice in writing. After receipt of written notification, the YMCA agrees to end the monthly pre-authorized charges against my account. I understand that the YMCA reserves the right to terminate this agreement should the authorization to charge my credit card be declined.

***Please note: Due to increased bank fees, a \$10 service fee will be charged for all returned bank drafts.***

***To avoid this additional fee, please advise the Y, in writing,  
of any credit card or expiration changes no later than the last day of the month.***

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

