

# EFT / DRAFT AUTHORIZATION

COPY

Name & address of financial institution maintaining account:

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF ACCOUNT [ ] Checking [ ] Savings

Please pay and charge to my account all drafts by Gateway YWCA Clinton, Iowa 52732 to its own order once each month in the amount of \_\_\_\_\_ Beginning \_\_\_\_\_

I agree that you shall be fully protected in honoring any such draft. I agree that your treatment of each draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

I understand that this is a membership contract. I understand that there are no refunds in the purchase of this membership. I understand that increases in membership dues/ monthly EFT draft will be listed in the YWCA brochure and this will serve as my written notification of an increase in my EFT. I understand that this EFT/draft authorization will remain in effect until the time that I cancel my membership. I understand exit paperwork and 30 days notice is required to cancel my membership. I understand that if this account is closed and the YWCA is not notified within 30 days as to a new account or the balance is not paid in full, this account will be turned over to a collection agency. I understand if a payment comes back as insufficient funds the payment will be resubmitted on or about the 15th of the month or within 2 weeks of the original payment until balance due is up to date.

Please initial all the following to indicate you have read and understand the following:

- \_\_\_\_\_ I understand exit paperwork and 30 days notice is required to cancel my membership.  
\_\_\_\_\_ I understand it is my responsibility to confirm that the cancellation paperwork has been received by the YWCA.  
\_\_\_\_\_ I understand if payment comes back as NSF it will be resubmitted until balance due is paid.  
\_\_\_\_\_ I have read and received a copy of this form for my records.

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Signature: \_\_\_\_\_

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