



Ashland Family YMCA

Status/Billing/Info Change Form

Member Name: _____ DOB: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ADDING/DELETING MEMBERS

Please check one of the following (if applicable)

ADD/DELETE	MEMBER INFORMATION	OFFICE USE ONLY
<input type="checkbox"/> Add Member	Full Name: _____ DOB: ___/___/___ <input type="checkbox"/> M <input type="checkbox"/> F Phone: _____	Effective: _____ JF Difference: _____ SOC Sig: _____ <input type="checkbox"/> ID Scan/Date: _____ IN: _____
<input type="checkbox"/> Delete Member		
<input type="checkbox"/> Add Member	Full Name: _____ DOB: ___/___/___ <input type="checkbox"/> M <input type="checkbox"/> F Phone: _____ Email: _____	Effective: _____ JF Difference: _____ SOC Sig: _____ <input type="checkbox"/> ID Scan/Date: _____ IN: _____
<input type="checkbox"/> Delete Member		
<input type="checkbox"/> Add Member	Full Name: _____ DOB: ___/___/___ <input type="checkbox"/> M <input type="checkbox"/> F Phone: _____ Email: _____	Effective: _____ JF Difference: _____ SOC Sig: _____ <input type="checkbox"/> ID Scan/Date: _____ IN: _____
<input type="checkbox"/> Delete Member		

TOWEL SERVICE

<input type="checkbox"/> Add Towel Service for: _____	Make effective: _____
<input type="checkbox"/> Delete Towel Service for: _____	Make effective: _____

CORPORATE DISCOUNT

OFFICE USE ONLY

Member Name: _____	<input type="checkbox"/> Paystub Attached
Employer: _____	<input type="checkbox"/> Verified by MOD MOD Initials: _____

NEW BILLING INFORMATION

Attach voided check (or copy) if checking account

Electronic Funds Transfer (EFT) Authorization:

I hereby authorize the Ashland Family YMCA (ID#93-0386976) to initiate debit entries to my account as indicated below. Fees are subject to change. I authorize this billing method to be used for any debts, past and future, incurred on this account including but not limited to membership dues and program registrations.

Membership will remain active and bank draft will continue until written cancellation notification occurs.

This authority is to remain in full force and effect until the Ashland Family YMCA and Depository has received written notification from me of its termination in such manner as to afford the Ashland Family YMCA and the Depository a reasonable opportunity to act on it.

Name on Billing Method: _____ (Must match name of Acct Holder listed below)

Routing #: _____ Account #: _____ Delete all other billing methods?: Yes No

Credit Card: Visa MC Last 4 Digits: _____ Exp: _____ Make effective this billing cycle?: Yes No

Billing method ONLY to be used for: Childcare/Camps Membership Other: _____

NAME OF ACCT HOLDER (PRINT): _____ (Must match name on billing info)

SIGNATURE OF ACCT HOLDER: _____ DATE: ___/___/___

Comments: _____

OFFICE USE ONLY

Date Processed: _____ Initials: _____

Date Audited: _____ Initials: _____

Notes: _____

ID: _____ SOC: _____ Member Type: _____

STAPLE VOIDED CHECK HERE