

Seacoast Family YMCA

550 Peverly Hill Rd.
Portsmouth, NH 03801
(603) 431-2334

Credit Card/Bank Draft Authorization

I hereby authorize the Seacoast Family YMCA to charge my account the amount of \$_____ at the beginning of each month to pay for my membership.

Bank account drafting

The name of my bank is: _____

My bank's 9 digit routing number is: _____

My account number is: _____

Credit card drafting

My credit card is: (circle one) Visa Mastercard Discover

My account number is: _____ Exp. Date (MM/YY) _____

YMCA Scholarship Program:

With this dollar, the Seacoast Family YMCA is able to provide individuals and families with life-enriching activities and programs that may not exist for them otherwise. 100% of all campaign donations are used to support our vital ACCESS program.

ACCESS is the Seacoast Family YMCA's financial assistance program for low income individuals and families of Southern Maine and the New Hampshire Seacoast based on a sliding income scale. Last year, your gifts allowed over 450 individuals in need to access the YMCAs health and wellness services.

I support opportunities for kids, families and individuals to be able to participate in programs that build healthy spirit, mind and body for all.

Please circle the amount you want to donate monthly:

\$5.00 \$3.00 \$1.00 Other \$ _____ One Time Gift \$ _____

I understand that this authorization remains in effect until the YMCA receives written notice from me, by the 24th of the month, along with all the membership cards issued to me and my family. I understand that it is my responsibility to verify with my bank that any cancellation or change has taken effect. The YMCA will not be responsible for refunding more than three months dues after cancellation. A phone call will not be accepted to cancel a draft.

Printed name _____ Phone number _____

Signature _____ Date _____

Please attach a voided check here (bank draft only)