

# Authorization Agreement for Automatic Payments

Sherman Lake YMCA Outdoor Center  
6225 N. 39<sup>th</sup> Street  
Augusta, MI 49012

Identification Number 38-3167869

Member Name \_\_\_\_\_

Member ID# \_\_\_\_\_

**Option #1:** I (we) hereby authorize **Sherman Lake YMCA Outdoor Center** to initiate debit entries to my (our)  Checking  Savings account indicated below at the financial institution named below, and to debit the same such account monthly. I (we) would like the debit entries to occur on a  Monthly  Annual basis.

Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Option #2:** I (we) hereby authorize **Sherman Lake YMCA Outdoor Center** to initiate a charge to my (our)  VISA  Mastercard credit card indicated below, and to charge the same such card monthly. I (we) would like the charge to occur on a  Monthly  Annual basis.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

This authorization is to remain in full force and effect until Sherman Lake YMCA has received written notification from me of its termination in such time and in such manner as to afford both parties reasonable opportunity to act on it.

Name \_\_\_\_\_  
(Please Print)

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or savings deposit ticket from which the account the debit is to originate. This is to ensure the YMCA obtains accurate routing and account numbers from your financial institution.**

*Note: Notify the business office in writing two weeks prior to any change requested including bank, account or termination of transaction to insure membership status.*