



PAYMENT AGREEMENT

YMCA OF NORTHERN ROCK COUNTY
221 Dodge Street
Janesville, WI 53548
(608) 754-9622, downtowny@ymcajanesville.org

PARKER YMCA
1360 Parkview Drive
Milton, WI 53563
(608) 868-9622, parkery@ymcajanesville.org

MEMBER ID# _____

PRIMARY PARTICIPANT/MEMBER NAME

First _____ Last _____ M.I. _____ D.O.B. _____

MEMBERSHIP PAYMENT INFORMATION

Membership Type _____

Qualified Corporate Partner:

Promo:

Insurance:

ID# _____

Monthly Draft First Draft Date _____

Full Pay

Amount \$ _____

Expiration Date _____

Account Type: _____

((if checking account, please attach a voided check) Checking Savings

Account Number: _____

Name on Account: _____

Expiration date: _____ CVV Code: _____

ADD ONS:

- Full Locker
- Half Locker
- Towel Service
- Hydro Massage
- Tanning

INITIAL TRANSACTION

Prorate Fee	\$ _____
Membership Fee	\$ _____
Other Fees	\$ _____
TOTAL PAID	\$ _____

My YMCA membership will be regarded as continuous until the time that I decide to terminate via Cancellation Form submitted to Member Services with a minimum of 14 days notice. I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 4 weeks advance notice. Any programs registered for during the membership will be subject to non-member pricing after membership expiration date including current registrations with future start dates; program refunds may require director approval. No refunds for full-pay or monthly membership drafts.

SIGNATURE _____ **DATE** _____

ANNUAL CAMPAIGN

The YMCA of Northern Rock County believes in providing membership and program services to all who desire to participate. With your generous support, we will continue to strengthen the community in which you live. GIVE. AND DO SO MUCH MORE.

I would like to make a one time donation of \$ _____ OR Increase my monthly bank draft by \$ _____/MONTH

I do not wish to contribute at this time.

BANK DRAFT AUTHORIZATION

As a convenience to me, I hereby authorize you to charge my account, payable to the order of Association. **The authority is to remain in effect until a Cancellation Form is complete and submitted by the 20th of the month prior to the draft date.**

Should any pre-authorized charge not be honored by my bank, I understand that I am responsible to make that payment and service fees incurred by the Association. No refunds.

SIGNATURE _____ **DATE** _____