



YMCA of Honolulu Electronic Funds Transfer (EFT) Draft Authorization Form

For your convenience you are able to set up monthly recurring draft payments to pay for YMCA programs. Simply fill out the form below and turn it in at your YMCA Branch for processing. Please note:

- You must make the initial payment prior to the draft going into effect.
- If changes are made to the information listed below, immediate contact your YMCA branch to update your information.
- A \$25.00 service charge will be assessed by the YMCA for any draft returned as uncollectible.
- Draft payments must be cancelled in writing one month prior to the final draft.
- YMCA of Honolulu Withdrawal and Refund policy applies to all withdrawals/cancellations.

PARTICIPANT'S INFORMATION

Name Printed: _____ Program: _____

DRAFT PAYMENT INFORMATION:

Please start my monthly draft: Month: _____ Year: _____ **OR** See attached payment plan if applicable

***Account Holder Information

Last Name: _____ First Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zipcode: _____

Email Address (for sending receipts): _____

***Drafts from Checking or Saving Accounts

Financial Institution: _____ Branch/Location: _____

Last Four Digits of Account Number: _____ Routing Number: _____

***Drafts from a Credit/Debit Card

Credit Card Type (Circle One): AMEX DISCOVER VISA MASTERCARD JCB

Last Four Digits of Card Number: _____ Expiration Date: _____ / _____

I authorize the YMCA of Honolulu to draft monthly or bi monthly (in the case of a payment plan) payments from my account with the financial institution named above or charge the credit card above for payment of fees.

***Account Holder's Name (Print): _____ Account Holder's Signature: _____

COMPLETE BELOW: DETAILED DRAFT PAYMENT INFORMATION

In an effort to protect your personal information this portion will be entered in a secure database, detached, and destroyed within 180 days from date of receipt.

Account Holder's Name Printed As It Appears On Account/Card: _____

Checking: Full Account Number _____ Routing Number: _____

Savings: Full Account Number _____ Routing Number: _____

Credit Card: Type _____ Full Card Number _____

Expiration Date _____ / _____ Card Billing Zipcode _____