



YMCA OF METROPOLITAN CHATTANOOGA CREDIT/DEBIT CARD AUTHORIZATION

Member# _____
Date _____
Branch _____
Staff _____
Scanned <input type="checkbox"/>

Primary Member's Name: (please print) _____

Day to be drafted/charged (check one): 1st 15th

*Depending on the day that the 1st or 15th lies on, your card may be charged after your draft date. In the event that the draft/charge does not go through, we will attempt to acquire funds from your card up to 6 subsequent times. In the event that we are not able to acquire your payment from your card, a \$20 return draft/charge fee will be charged.

Member Initials: _____

Monthly Membership Dues: \$ _____ Membership Type: _____

Credit Card Information

Name as appears on card: _____

MasterCard Visa AmEx Discover Expiration Date: _____ / _____

Last 4 digits of card number:

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Billing Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) - _____ - _____ Alternate Phone: (_____) - _____ - _____

- I authorize YMCA of Metropolitan Chattanooga to charge my membership dues to the above listed card
- I understand that my membership is not based on usage and that I will be charged/drafted the monthly membership rate not dependent on usage amount
- I will fill out a new credit/debit card authorization form at my home YMCA branch if I wish to change the card or the expiration date that drafts/charges my automatic membership payment
- 30 days notice is required to terminate your membership
- A copy of this form may be requested at the time of sale
- By signing below I agree that all above information is correct and I have read and understood the above listed YMCA payment policies

Member Signature: _____ Date: _____