



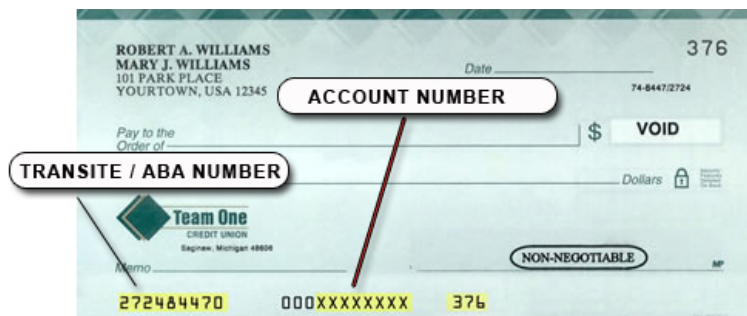
MEMBERSHIP FEES AUTOMATIC PAYMENT AUTHORIZATION

Thank you for paying your bill using Automatic Payment. Electronic payment is a time saver for us and we trust you will find the convenience equally as satisfying. Banking rules require that you give your approval to pay your bill in this way. The approval is active until you notify us that you want to stop using Automatic.

Automatic Payment is safe, efficient, and consumer friendly. Banking law protects consumers from ever having to worry about someone taking money from their account using Automatic Payment in an unauthorized manner. Please complete this form and return it to us so we can get you set up for Automatic Payment.

DIRECT PAYMENT AUTHORIZATION			
I hereby authorize the Pocono Family YMCA to initiate entries to my checking account at the financial institution listed below. This authority will remain in effect until thirty days after I provide written notice to cancel it. <u>If written notification is not received within 30 days no refunds will be made.</u>			
_____ Your Name (Please Print)	_____ Bank or Credit Union Name		
_____ Your Address	_____ Bank or Credit Union Address		
_____ City	_____ State	_____ Zip	
_____ Account Number (See Sample Below)	_____ Transit / ABA Number (See Sample Below)		
_____ Your Signature	_____ Today's Date		

(Please attach a copy of or a void check – deposit slips don't work)



Payment Schedule

My payment will be withdrawn on the 14th _____ or the 29th _____ of each month

My first Automatic Payment will be made on this date _____