



# ATHENS YMCA MEMBERSHIP CHANGE & HOLD

PRIMARY ACCOUNT HOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

PRIMARY PHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CHANGE REQUEST

- DRAFT INFORMATION OR MEMBERSHIP TYPE (Complete Section A)
- UPDATE CONTACT INFORMATION (Complete Section B)
- HOLD REQUEST (Complete Section C)

## CHANGE DRAFT INFORMATION OR MEMBERSHIP TYPE

- EFT (Attach voided check)
- DRAFT DATE: 15<sup>TH</sup>
- CHECKING
- SAVINGS
- UNFREEZE MEMBERSHIP

Last 4 Digits of Account Number \_\_\_\_\_ Name of Bank \_\_\_\_\_

Name of Bank Customer \_\_\_\_\_ Amount to be Drafted: \$ \_\_\_\_\_

**A**

I authorize my bank to honor pre-authorized drafts drawn by the YMCA for membership payments and/or contribution. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement. It is understood that my bank draft membership will be continuous until 30 days after written notification has been received by the YMCA. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made in the amount of said payment plus a \$30.00 service charge. If at any time there is to be a change, deletion or cancellation of my membership I will give the YMCA a written 30-day notice. Failure to do so will result in that month's draft being non-refundable. I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. A voided check or withdrawal slip is required with all bank draft applications. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

\_\_\_\_\_  
Signature of Account Holder Date mm/dd/yyyy

Change membership type from \_\_\_\_\_ TO \_\_\_\_\_

- ADD OR DELETE \_\_\_\_\_ DOB: \_\_\_\_\_ M OR F
- ADD OR DELETE \_\_\_\_\_ DOB: \_\_\_\_\_ M OR F
- ADD OR DELETE \_\_\_\_\_ DOB: \_\_\_\_\_ M OR F
- ADD OR DELETE \_\_\_\_\_ DOB: \_\_\_\_\_ M OR F

## NEW ADDRESS/PHONE/EMAIL OR CHANGE OF NAME INFORMATION

**B**

- NEW ADDRESS: \_\_\_\_\_
- NEW PHONE NUMBER/EMAIL: \_\_\_\_\_
- CHANGE OF NAME: \_\_\_\_\_

## MEMBERSHIP HOLD

**C**

As an accommodation to our members, the YMCA has made provisions for memberships to be placed on a temporary hold.

Please note and initial the following:

- \_\_\_\_ 1. I understand my membership can be placed on hold for a maximum of six (6) months per calendar year.
- \_\_\_\_ 2. I understand my hold request must be turned in by the 10th of the month.
- \_\_\_\_ 3. I understand my draft will be cancelled if I do not return.

REASON FOR HOLD: \_\_\_\_\_

I understand and agree to the terms as stated above.

\_\_\_\_\_  
Signature of Member Date mm/dd/yyyy

# ATHENS YMCA MEMBERSHIP CANCELLATION

## MAIN ACCOUNT HOLDER INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

PRIMARY PHONE NUMBER: (     ) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEMBERSHIP TYPE:  Adult  Family  Senior  Senior Couple  Men's Health Club  Ladies Health Club  Family Health Club

REASON FOR CANCEL: \_\_\_\_\_

## RATE US!

	Excellent	Good	Average	Poor	N/A	
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you consider rejoining? <input type="checkbox"/> YES <input type="checkbox"/> NO
Facility Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you recommend us to friends/family? <input type="checkbox"/> YES <input type="checkbox"/> NO
Classes Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____ _____ _____ _____
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programs Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Met Your Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please cancel my membership to the Athens YMCA. I understand that I must give a written notice by the 10th of the month at 6:00 pm. I understand that if I re-join the Athens YMCA I will be required to pay the building fund fee and regular rates. **I understand that there are no longer corporate discounts offered.**

\_\_\_\_\_  
PRIMARY MEMBER SIGNATURE

\_\_\_\_\_  
DATE MM/DD/YYYY

FOR YMCA USE ONLY

DATE ACCEPTED: \_\_\_\_\_ STAFF ACCEPTING: \_\_\_\_\_

STAFF TERMINATING/FREEZING MEMBERSHIP: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_ NEXT PROCESS DATE: \_\_\_\_\_

BEGIN FREEZE DATE: \_\_\_\_\_ END FREEZE DATE: \_\_\_\_\_

HOLD MEMBERSHIP WITHOUT DUES UNTIL: \_\_\_\_\_ NEXT PROCESS DATE: \_\_\_\_\_

DAXKO UNIT ID: \_\_\_\_\_

REQUEST COMPLETED?  YES  NO

COMMENTS: \_\_\_\_\_