



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Mesabi Family YMCA  
2016-2017

## Application for Bank Draft

Parent/Guardian Name: \_\_\_\_\_

Child(rens) Name(s): \_\_\_\_\_

### AUTHORIZATION AGREEMENT

I hereby authorize the YMCA to initiate electronic fund entries to my:

\_\_\_\_\_ Checking Account (copy of check/voided check)

\_\_\_\_\_ Savings Account (deposit slip)

\_\_\_\_\_ Credit Card (Visa, MasterCard, or Discover)

\_\_\_\_\_ Debit Card (Visa, MasterCard, or Discover)

indicated below, and I authorize the financial institution named below to debit my account.

I understand this is a Monthly draft taken out the 1st Monday of each month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CHECKING or SAVINGS ACCOUNT

Name of Bank \_\_\_\_\_

City, State \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_

### CREDIT or DEBIT CARD

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_