



NEW CANAAN YMCA

E-PAY Account Change

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

(New Checking account or Credit Card)

7 BUSINESS DAYS NOTICE REQUIRED PRIOR TO E-PAY DATE

Voided Check or Credit Card Verification Needed*

Billable First Name: _____ Billable Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____ E-Mail: _____

Note: If changing from checking account to a credit card, the new payment will include an additional convenience fee of \$3.00/ monthly

*Must be entered by authorized representative. If authorized rep not available, best way to contact member: _____

Statement of Understanding

I understand that if I wish to change my E-Pay account information, 7 BUSINESS DAYS NOTICE IS REQUIRED PRIOR TO MY E-PAY DATE.

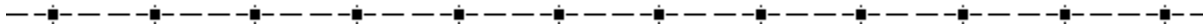
Today's Date: _____ My monthly next E-Pay withdrawal date: ___/1/___ or ___/15/___

Billable Name (Print Clearly): _____

Billable Member signature as on checks/credit card: _____

If you have any questions, you may contact the Accounting Administrator:

Leslie Figueroa : Email: lfigueroa@newcanaanymca.org Phone: 203-966-4528, ext. 166



FRONT DESK ONLY

Type of Membership	Circle One:	Monthly Payment	Draft Day
	Credit or Checking		

Reviewed form with member and provided him/her with a copy: _____ Date: _____ Initials: _____

*Entered new account info in Trinexum (auth. rep): _____ Date: _____ Initials: _____