



NEW CANAAN YMCA

E-PAY Membership Change

Upgrades/Downgrades

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Date: _____ Billable First Name: _____ Billable Last Name: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone: () _____ Mobile: () _____ E-Mail: _____

If new membership consists of **less or more family members, please complete and attach a new membership application.**

Statement of Understanding

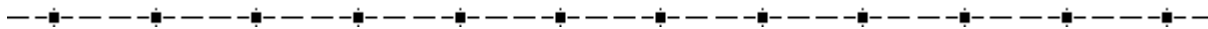
I understand that if the effective date of the changed membership differs from my next scheduled E-Pay date, the next E-Pay* will include a pro-rated amount.
 *Credit card payment includes a convenience fee of \$3.00/monthly.

Effective Date of Change: _____ My monthly next E-Pay withdrawal date: 1st or 15th

Billable Name (Print Clearly): _____

Billable party signature as you sign your 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

	From:	To:	Effective Date of Change:
Membership Type			
Monthly Payment	\$	\$	

New Membership Application attached (only if less or more members result from change): _____

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

Front Desk Supervisor:

Account Information Entered in Trinexum* (upgrades only): _____ Date: _____ Initials: _____

Entered Front Desk **note** on member's page in Trinexum: _____