



Membership **PAYMENT CHANGE**

New Credit Card / Checking Account

ONE WEEK notice before draft date required

Today's Date: _____

My Draft Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

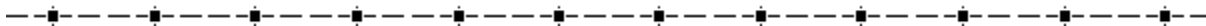
Phone Number: _____

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

Please direct questions to Laura Ryan, Membership Administrator: lryan@newcanaanymca.org

(203) 920-1629

Signature: _____



Front Desk Staff:

Type of Membership	Circle One:	Monthly Payment
	Credit or Checking	

***Add New Saved Credit Card or New Saved Electronic Check to primary member's account.**

***Last Four Digits of New Saved CC or New Checking Account: _____**

FD Staff Initials: _____ Date: _____