



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# FULTON COUNTY YMCA

PO Box 629, 213 Harrison Street  
 Johnstown, NY 12095  
 Phone: (518) 848-3447 Fax (518) 848-3463

## AUTHORIZATION FOR TERMINATION OF BANK DRAFT

I understand that unless an effective cancellation request is submitted ten (10) days prior to my designated deduction; my bank will be debited in accordance with my "Monthly Bank Draft Authorization Form." I have been advised that the joiner's fee (which is non-refundable and non-transferable) is required upon rejoining the Fulton County YMCA if my membership lapses for more than thirty (30) days.

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Membership Category: \_\_\_\_\_

Reason for Termination – Please check one or more of the following to let us know why you are ending your membership support of the Fulton County YMCA.

- Moving
- Medical
- COVID-19 related
- Other (explain): \_\_\_\_\_
- Unable to take advantage of my membership benefits
- No longer interested in taking advantage of my membership benefits
- Membership dues are a financial burden
- No longer wish to support the YMCA

Comments: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ID TAGS RETURNED  YES  NO Total # of ID tags returned \_\_\_\_

<b>MEMBERSHIP OFFICE USE ONLY</b>			
Membership Directors Initial's	_____	Date:	_____
Bookkeeper Initial's	_____	Date:	_____
Last Draft Date	_____	Membership Expires	_____
			Date YMCA mailed _____

### Proof of Submission of Termination of Bank Draft Membership

(Please keep this receipt as proof for your records)

Termination Form Received Date: \_\_\_\_\_

Member and/or Account Holders Name: \_\_\_\_\_

YMCA Staff Signature Lauren de Jong