

## PPD Recurring Debits Authorization

I (we) hereby authorize \_\_\_\_\_ Hensel Eckman YMCA \_\_\_\_\_

(Merchant)

Hereafter called the YMCA, to initiate debit entries to my (our)

Checking       Savings

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY/BANK, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee of \$25.00 to be charged to this account.

Depository/Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Same amount to be debited each billing period \$ \_\_\_\_\_

Number of Payments \_\_\_\_\_, or \_\_\_\_\_ Indefinitely

Frequency of Payments will be Monthly on the \_\_\_\_ 2<sup>nd</sup> or \_\_\_\_ 17<sup>th</sup> of each month.

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or us) of its termination. The YMCA will require 30 days notice in advance of this termination, to allow for the YMCA and BANK to act upon it.

Name: \_\_\_\_\_ YMCA Card # \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

YMCA Staff: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THE AUTHORIZATION**