



We build strong kids, strong families, strong communities.

HOLD REQUEST*

THIS IS NOT A CANCELLATION OF MEMBERSHIP OR MEMBERSHIP DUES.

***Bank or Credit Card Draft Changes:** We must receive a request to change your membership draft information **30 days** before your debit date to stop a debit. It is solely the responsibility of the member to validate monthly bank statements to ensure drafts have been discontinued. The YMCA will *not* refund monthly membership dues beyond the effective date of cancellation. *The YMCA is not responsible for errors over 90 days old.*

Today's Date: _____/_____/_____

Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Draft Type: _____ Bank Draft (EFT) _____ Credit Card Draft

Payment Schedule:

Draft Date (please circle) **6th / 20th**

Date of **Last Draft Before Hold:** ___/___/___ Date of **First Draft After Hold:** ___/___/___

Membership Type:

___ Teen ___ Student ___ Adult ___ Senior
___ Single-Adult Family ___ Senior Family ___ Family ___ Senior Family

I will NOT be participating in the Health and Fitness Membership Program at the San Luis Obispo County YMCA and am requesting my Membership Payments via electronic draft (EFT) to be suspended during the following dates:

Start Date: _____ **End Date:** _____

I understand that the San Luis Obispo County YMCA will begin debiting my monthly Membership dues from my bank/credit card account on the regularly scheduled draft date to follow the conclusion of my Membership HOLD.

Member Signature

Date

Front Desk Use:

Date Form Received: _____ Membership Draft Name (if different): _____

Staff Initials: _____

Accounting Use:

Date Database Updated: _____ Last Draft Date: _____ Staff Initials: _____

Date Draft Software Updated: _____ Staff Initials: _____