



KV YMCA Request to Hold Membership Form

Today's Date	Search Daxko	Check NSOR	ID Checked	Home Branch

Primary Member Name: _____ Unit # _____

Membership Type: _____

Holding from: _____ To _____

Reason for Hold: **Medical** **Seasonal** (Holds for these reasons only)

Your draft will resume on your original draft date in the month you plan to return.

If any changes need to be made to this request please email Zoe at Zoe@kvymca.org or call 207-622-9622 ext. 128

Contact Info:

Address _____

City/Town _____ State _____ Zip Code _____

Primary Phone _____ E-Mail _____

Use billing method on file

Or

Checking Savings MasterCard Visa Discover Am. Ex.

Amount of Payment: \$ _____ Draft Date: 1st or 15th

Routing# _____ Account# _____ Exp. Date (credit card) _ _ _

Bank Name _____ Bank Location _____

Draft will resume on: _____

You the buyer may cancel this agreement by written notification 15 days prior to draft date.

The KV YMCA reserves the right to adjust membership fees with 30 days written notice.

I, _____ authorize my bank to resume payment by the method indicated above and post it to my KV YMCA account.

Donation: I would like to add a monthly donation to the KV YMCA Strong Kids Campaign

One-time \$ _____ \$1 _____ \$5 _____ \$10 _____ \$20 _____ Other Amount \$ _____

Account Holder Signature: _____ Date: _____

Member Signature: _____ Date: _____

KV YMCA Representative: _____ Date: _____