



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## OSWEGO YMCA SACC BANK DRAFT WITHDRAWAL AUTHORIZATION

### Authorization Agreement for Automated Clearing House Entries (ACH)

I hereby authorize Oswego YMCA to initiate ACH entries and, if necessary, adjustments for any entries in error to my ***please select one*** :

**Checking**  **Savings** or  **Credit Card account**

and my bank (named below) to credit or debit the same to my account.

#### Commercial Banks Only

Customer's Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Transit Routing /ABA Number \_\_\_\_\_

Customer Account Number \_\_\_\_\_

Please attach a photocopy of check/credit card:

Please initial; Your initial indicates understanding and acceptance of the policy described.

\_\_\_\_\_ I understand this authority will remain in full force and effect through June of the current school year only.

\_\_\_\_\_ I understand I am required to give 30 days notice before cancelling my bank draft authorization.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_