



YMCA of the Greater Twin Cities
Electronic Funds Transfer (EFT) Authorization Form
Customer Service Center-2125 E. Hennepin Avenue-Minneapolis, MN 55413
(P) 612 230 9622 (F) 612 223 6322

Section 1: Update Automatic Payment Personal Information

Childcare **Camps** **Other** (Indicate Program Name)

Request of Automatic Payment: Weekly Monthly Start Date: _____

Program Name: _____ **Customer Number:** _____

Branch/Site Name: _____

Adult #1 Full Legal Name: _____

Adult #2 Full Legal Name: _____

Childs (rens) Names: _____

Childs (rens) Names: _____

Section 2: EFT Payment Authorization

(EFT transactions are posted to your account the week prior to service)

CARD NUMBER

EXPIRATION
DATE

CARD HOLDER'S FULL
LEGAL NAME

CARD HOLDER'S
ADDRESS

INCLUDING CITY, STATE AND ZIP
CODE

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**Per
Phone
at CSC**

HOME PHONE
NUMBER

DATE