

YMCA CHANGE FORM

Date: _____

Name: _____ Birth Date: _____

Address: _____

Type of membership: _____ Phone: _____

I wish to change my name from: _____ to: _____

I wish to change my address from: _____
to: _____

I wish to change my phone number from: _____ to: _____

I wish to change my bank draft account information: **(Please include an updated voided check)**

New account number: _____ new routing number: _____

New bank name _____

I wish to cancel my membership and my bank draft in the amount of \$ _____ from my account at
_____ bank because:

Time Constraints _____

Equipment availability _____

No longer with the company _____

Health-related issue _____

Non-use _____

Expense _____

Moving _____

Going back home or to school _____

Switching to another facility _____

Hours of Operation _____

Dis-satisfied with service or program (please explain) _____

Other _____

Signature: _____

Staff Signature: _____