Hunterdon County YMCA
We build strong kids,
strong families, strong communities.

ACCOUNT CHANGE FORM

Today's Date: _____
Primary Member: _____
Other Members on Account: _____
Address: _____City: _____State: _____Zip: _____
Phone: (_____) _____Email: _____

TYPE OF CHANGE

It is your responsibility to check your monthly Bank or Credit Card Statements to ensure the proper transaction has taken place. Please notify us immediately with any discrepancies.

_____ *CANCELLATION* (requires **30 day written notice with explanation** prior to your next scheduled draft.)
Reason for cancellation: _____
❑ No time/Not using ❑ Move ❑ Joining other facility _____ ❑ Employer gym ❑ Traveling
❑ Home equipment ❑ Distance ❑ Class schedule ❑ Finances (inquire about financial assistance) ❑ Dissatisfaction

_____*UPGRADE*
What are you upgrading to? _____
Additional family members: Name:_____ Birth Date: _____
Name:_____ Birth Date: _____
Name:_____ Birth Date: _____

_____ *DOWNGRADE* (requires **30 day written notice with explanation** prior to your next scheduled draft.)
What are you downgrading to? _____
Who are you removing from membership? _____

_____ *FREEZE* (4 month maximum freeze-please note a service fee will apply for non-medical reasons)
Reason for freeze: ❑ Medical (no fee-please provide doctor's note) _____ ❑ Personal _____
Length of freeze:_____ Date range: From _____ to _____
Applicable fees: Number of months _____ x $10.00 a month Total Fee $ _____

_____ *CREDIT CARD OR CHECKING ACCOUNT CHANGES*
Credit Card: _____ Expiration Date:__ / __
Account Number:__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ CVVD Code __ __ __
Checking Account (Please attach a VOID check)
Bank: _____
Account Number: _____ Routing Number: _____

_____ *OTHER* (Change of address and/or phone number, Kit locker, After School Program, Camp, etc.)
_____
_____

Signature of Member: _____ Date: _____
Signature of Staff: _____ Date: _____

OFFICE USE ONLY

Home Site: ___DP ___RV Current Expiration: _____
Draft Day: __15th of month ___30th of month Member note: _____
Final Draft Date (cancellation) _____ Last Day of Use: _____
Current membership type: _____Changing to membership type: _____