

**WATERTOWN FAMILY YMCA
REQUEST FOR CHANGE OF BANK INFORMATION**

Member Name: _____ Date _____

Member ID: _____

___ CREDIT CARD /EXPIRATION ONLY

___ CHECKING

___ SAVINGS

NEW CREDIT CARD INFO
Last 4 Digits
Exp Date
Name on Account
Card Issuer

NEW CHECKING/SAVINGS INFO
Routing #
Acct #
Name of Bank

SIGNATURE OF MEMBER: _____

NEED 7 DAYS TO PROCESS CHANGE

STAFF SIGNATURE: _____

BALANCE DUE \$ _____ PAID ON ___/___

**WATERTOWN FAMILY YMCA
REQUEST FOR CHANGE OF BANK INFORMATION**

Member Name: _____ Date _____

Member ID: _____

___ CREDIT CARD /EXPIRATION ONLY

___ CHECKING

___ SAVINGS

NEW CREDIT CARD INFO
Last 4 Digits
Exp Date
Name on Account
Card Issuer

NEW CHECKING/SAVINGS INFO
Routing #
Acct #
Name of Bank

SIGNATURE OF MEMBER: _____

NEED 7 DAYS TO PROCESS CHANGE

STAFF SIGNATURE: _____

BALANCE DUE \$ _____ PAID ON ___/___