



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HUNTERDON COUNTY YMCA 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-membership will automatically reactivate at completion of freeze)
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: _____