

IF YOU JOIN BETWEEN THE 1<sup>ST</sup> – 10<sup>TH</sup> DRAFT DATE WILL BEGIN ON THE 1<sup>ST</sup> OF EACH FOLLOWING MONTH  
IF YOU JOIN BETWEEN THE 11<sup>TH</sup> - 20<sup>ST</sup> DRAFT DATE WILL BEGIN ON THE 15<sup>TH</sup> OF EACH FOLLOWING MONTH  
IF YOU JOIN BETWEEN THE 21<sup>ST</sup> – 31<sup>ST</sup> YOUR DRAFT WILL BEGIN AFTER 1 MONTH ON THE 1<sup>ST</sup>

## LAWTON FAMILY YMCA BANK DRAFT PAYMENT PLAN

- \*Your first draft will be on \_\_\_\_\_.
- \*Your next monthly draft (and Back Our Youth contribution if applicable) will be \$ \_\_\_\_\_.
- \***Membership rates are subject to change, you will be notified in writing prior to any membership adjustments.**
- \***The bank draft payment plan is a continuous membership; and it will continue unless the YMCA is NOTIFIED IN WRITING 30 DAYS PRIOR TO CANCELLATION OF YOUR NEXT DRAFT** (on or about the 1<sup>st</sup> or 15<sup>th</sup> of each month) and your membership cards are surrendered.
- \*We ask that you maintain sufficient funds to cover the monthly bank draft. A **\$25.00** fee will be charged for all uncollected payments. Memberships may be temporarily suspended until uncollected payments and fees are paid. Frequent uncollected payments of this nature may result in paying for membership 6 months in advance.
- \*Please notify the YMCA of any change in your bank, account, phone number, or home address.

### INDEMNIFICATION AGREEMENT

In consideration of the compliance by Liberty National Bank, Lawton, Oklahoma ("Bank"), with the request and authorization on this page, the undersigned hereby agrees to indemnify, defend, and hold the Bank harmless from and against any claim, loss, damage, expense, action, or suit of any nature whatsoever, whether the same be meritorious or groundless, resulting from, or in any connected with, the Bank's participation in this agreement, including, without limitation, any claim, loss, damage, expense, action, or suit arising out of the Bank's payment of any pre-authorized check purporting to be drawn by and to the undersigned or arising out of the Bank's dishonor or any such check (whether with or without cause and whether intentional or inadvertent).

This execution of this Indemnification Agreement has been duly authorized by resolution of the Board of Directors of the Young Men's Christian Association of Lawton, Oklahoma and such resolution are currently in effect.

\_\_\_\_\_  
President  
Young Men's Christian Association of Lawton, Oklahoma

\_\_\_\_\_  
Treasurer  
Young Men's Christian Association of Lawton, Oklahoma

### AUTHORITY TO PAY DRAFT Circle one and provide voided check or savings acct card.

CHECKING ACCOUNT

SAVINGS ACCOUNT

ROUTING NO.: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

NAME(S) ON ACCOUNT: \_\_\_\_\_

**As a matter of convenience, the undersigned, (and the undersigned) hereby authorize(s)**

BANK NAME: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

Lawton, Oklahoma ("Bank"), to pay and charge to the above account any checks drawn on such account by, and payable to the order of the YMCA of Lawton, Oklahoma.

The Bank's rights and duties with respect to each such check shall be the same as though it were a check drawn and signed by the persons otherwise to draw on such account.

Should any check(s) be dishonored by the Bank, with or without cause, and whether intentionally or inadvertently, the Bank shall not be liable in any way to the undersigned or any of them, their heirs, personal representatives, successors, and assigns.

This authority shall remain in effect until the Bank receives written revocation of such authority by any of the undersigned or until the Bank terminates its participation in this agreement by written notice to any of the undersigned.

I have read the above information and understand contents.

\_\_\_\_\_  
Depositor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Depositor's Signature

\_\_\_\_\_  
Staff Signature