



KAMLOOPS COMMUNITY YMCA - YWCA

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PAYMENT PLAN CHANGE

Please complete this top section for all change requests

North Shore Y

Downtown Y

Member Name: _____ Birthdate: Y ____ M ____ D ____

Payer (if other than member): _____ Phone: (h) _____ (w) _____

Please make the following changes effective: Y ____ M ____ D ____

Member / Payer Signature: _____ Request Date: _____

Payment Plan TRX# _____ Category Code: _____ Staff Name _____ Process Date _____

Member New Name: _____ (If applicable)

Account Information Change

Bank account change: Transit/Branch # _____ Institute # _____ Account # _____

Credit Card # Change: _____ Expiry Date: _____

A VOID CHEQUE OR IMPRINT OF CREDIT CARD MUST BE ATTACHED PRIOR TO PROCESSING CHANGES.

Add Towel Service Monthly Towel Fee _____ Pre-authorized Payment Start Date _____

(✓) Membership Hold Request (MEMBERSHIP CARD MUST BE ATTACHED TO BEGIN HOLD PROCESS)

Member Name(s): 1. _____ 2. _____

PRINT CLEARLY 3. _____ 4. _____

Dates of Hold Y ____ M ____ D ____ TO Y ____ M ____ D ____

HOLD REQUESTS ARE A MINIMUM 1 MONTH, MAXIMUM 3 MONTHS. FAMILY MEMBERSHIPS ARE TREATED AS ONE UNIT; THE HOLD REQUEST APPLIES TO ALL.

I understand my payments will resume on the pre-authorized payment date closest to my reactivation date. These payments may differ from previous payments depending on membership fee increases or category changes.

Member/ Payer Signature _____

New Fee: _____

(If applicable)

Original Anniversary Date: _____ New Anniversary Date: _____

Cancellation: _____ Date: _____ TRX#: _____

Staff Name

Reactivation: _____ Date: _____ TRX# _____

Staff Name

Called: _____

(✓) **MEMBERSHIP CANCELLATION**

North Shore Y

Downtown Y

Membership Name: 1. _____ 2. _____
3. _____ 4. _____

Phone Number: _____ Signature of Member: _____

Date of Request: Y ____ M ____ D ____ will use membership for next month?

Cancel Effective: Y ____ M ____ D ____ yes no

Reason for Cancellation: _____

NSF Payment Date: _____ Called: _____ Staff _____

Program Cancellations: _____
(If applicable) _____

Gold Card Member cancelled
(If applicable)

Cancellation Receipt #: _____

Refund Amount: _____

NSF's Owed: < _____ >

Refund If Applicable: _____

Processed By: _____ Date: _____
Customer Service Rep.

Reviewed By: _____ Date: _____
Manager Customer & Membership Services

Credit Card Refund OR Cheque Request

Refund payable to: _____

Address: _____
Street City Postal Code

Phone Number (H): _____ (W) _____

Credit Card Refund Information (Attach Transelect Receipt)

Credit Card #: _____ Expiry Date _____ / _____

Cheque Requisition

TO BE COMPLETED BY ACCOUNTING DEPARTMENT

Finance Approval: _____ Vendor Code: _____

Date: _____

Initial: _____ Acct. Code: _____ Chq.# _____ Date Issued: _____