



# EFT Membership *Change* Form

Jack E. Kirksey Recreation Center  
15100 Hubbard, Livonia, MI 48154  
734-466-2900



Member Name \_\_\_\_\_ Payer Name \_\_\_\_\_

Address currently on file: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**ONLY complete the section(s) that you would like to change.**

1. Address Change: New address \_\_\_\_\_

2. Legal Name Change: New Name \_\_\_\_\_

### 3. Membership Package Change

Note: If upgrading, the difference between old package and new will be charged to your payment method on file.  
If downgrading, the new fee will take place next billing cycle.

Previous EFT Package \_\_\_\_\_ Previous EFT Draft Amount \$ \_\_\_\_\_

\***NEW** EFT PACKAGE \_\_\_\_\_ **NEW** EFT Draft Amount \$ \_\_\_\_\_

### 4. Adding/Removing Members

NAME	RELATIONSHIP	BIRTHDATE	Please indicate Add or Remove
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 5. Bank Account Change

The following is to be completed **ONLY if changing account information for monthly draft:**

Nine (9) Digit ABA/Routing# \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_

(Please circle one) Checking OR Savings Account# \_\_\_\_\_

OR

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

CVS Code \_\_\_\_\_ Name on Card \_\_\_\_\_ Zip Code of Cardholder \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please allow 7-10 business days for any changes to take effect.*

#### FRONT DESK USE ONLY:

DATE/TIME SUBMITTED \_\_\_\_\_ Staff initials \_\_\_\_\_