

# Payment Authorization



## Consumer Authorization For Direct Payment Via ACH (ACH DEBITS)

I (WE) AUTHORIZE Clear Lake Golf Club ("Company") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

\_\_\_\_\_ Checking Account or \_\_\_\_\_ Savings Account (check one)

at the depository financial institution named below ("Bank Name").

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

**Bank Name ("Depository")**

**Routing Number**

**Account Number**

Please Attach Voided  
Check To This Form

Amount of debit(s) or method of determining amount of debit(s),  
or a range of acceptable dollar amounts authorized:  
Debits will occur on or about the 5th of each month.

**The amount for the  
five months must  
total the amount  
calculated on  
the Rates Page.**

May \$

June \$

July \$

August \$

Sept \$

Total \$

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing or by telephone that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 5 days prior notice in order to cancel this authorization.

Name(s):

Signature:

Date:

Signature:

Date:

## Credit Card Information:

**Card Type:**

Visa

Master Card

Discover

Expiration Date:

**Card Number:**

Security Code:

**Authorization  
Signature:**

Date: