

St. Petersburg Country Club

Authorization Agreement For Automated Clearing House Transactions (ACH Debits)

ACH Authorization			
Name:		Member #:	

I hereby authorize: St. Petersburg Country Club, Inc. hereinafter called INDIVIDUAL, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: (**Routing #)		Account #:	

This authority is to remain in full force and effect until INDIVIDUAL has received written notification from me of its termination in such time and in such manner as to afford INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.

Name:
Please print _____

Signature(s) Date

The ACH transaction will take place on or about the 10th of every month for your account balance total from the previous month.

<p>TAPE VOIDED CHECK HERE [Voided check not necessary, but recommended]</p>
