

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH OR CREDIT CARD

(Please place a check mark in your preferred payment choice)

ACH

I authorize Ballard Golf & Country Club to electronically debit my account and, if necessary, electronically credit my account to correct erroneous debits as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law and that I am legally authorized to transact on the below account.

Financial Institution: _____

Routing Number: _____ Account Number: _____

Amount of debit will be equal to monthly statement outstanding balance.

Beginning _____ (Month and Year)

Check if you DO NOT want Annual/Semi-Annual Dues Withdrawn via ACH: _____

Credit to South Story Bank & Trust - Ballard Golf and Country Club Account

(Please attach voided check for documentation.)

CREDIT CARD

Please process payment using:

Visa/MC/DISCOVER/AMEX# _____

Exp. Date _____

CVV _____

I understand that this authorization will remain in full force and effect until I notify the originator by writing that I wish to revoke this authorization. I understand that the originator requires at least 15 days prior notice in order to cancel this authorization.

Printed Name: _____

Signature: _____ Date: _____