

Start Date:
Monthly Dues:

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY

NAME HALIFAX COUNTY GOLF CLUB, INC.

I (we) hereby authorize Halifax County Golf Club, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME

NAME(S) ON THE ACCOUNT

CONTACT INFO. PHONE NUMBER

EMAIL

TRANSIT/ABA NO.

(9 digits)

ACCOUNT NO.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PRINT NAME(S)

(PLEASE PRINT)

(PLEASE PRINT)

SIGNATURE (S) _____

DATE