

LINDEN GOLF & COUNTRY CLUB AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)

Name(s) _____ & Member # _____

ACH payments will be initiated on the 5th of each month.

I (we) hereby authorize Linden Golf & Country Club to deduct monthly dues plus any additional charges accrued during the month, such as cart storage, club storage, lockers, GHIN handicap, and other purchases or incidentals:

YES _____

In order for any direct payment ACH changes to be made before the next statement cycle, please submit the requested change along with a new “Authorization Agreement” no later than the 10th of the month. This authorization is to remain in full force and effect until Linden Golf & Country Club has received written notification from me (or either of us).

Please complete and sign the bank authorization below. Please attach a voided check so that the correct bank coding information may be transferred.

Bank Name _____

Routing Number _____

Account Number _____

Date _____

Signature _____