

TWIN CREEKS COUNTRY CLUB
AUTHORIZATION AGREEMENT FOR DIRECT DEBITS AND CREDITS
MADE BY EFT (“ELECTRONIC FUNDS TRANSFER”)

I hereby authorize TWIN CREEKS COUNTRY CLUB (“the Club”) to initiate credit and/or debit entries to my depository account at the financial institution named below, hereinafter called Depository. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law, and that such transactions will be used to settle my monthly billing statements, which will vary in amount and will consist of (a) monthly membership dues, (b) usage charges and fees for goods and services utilized or consumed at the Club or at participating reciprocal clubs, (c) additional fees, dues or charges for elective upgrade benefits I have chosen to participate in, (d) installments payable towards my Club initiation payment, if I elected to finance such initiation payment, (e) late fees and charges payable in accordance with the Club’s Bylaws and billing policies, and (f) and other fees or charges which would commonly be billed to my membership account based on my authorization or usage. Not all financial institutions participate in EFT transactions; if my financial institution does not participate, I will not be eligible for this service.

Depository
Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing _____ **Account** _____
Number _____ **Number** _____

(9 digit number at bottom left of check)

(number to the right of routing number)

A voided check must be returned with this signed form.

Your account will be drafted on the 15th of each month.

(NOTE: when the 15th falls on a holiday or weekend, draft will occur on the following business day)

This authorization is to remain in full force and effect until the Club has received written notification from me of its termination in such time and in such manner as to afford the Club and Depository a reasonable opportunity to act on it. I acknowledge that the Club reserves the right to discontinue EFT service at any time.

Name _____ **Member Number** _____
(Please Print)

Signature _____ **Date** _____

Signature _____ **Date** _____
(If Joint Account)