

Crestwood Hills Golf Course Crestwood Hills Golf Course

1101 Hillcrest Dr. Anita, IA 50022

- Member agrees to 5 [five] equal monthly payments starting in May and ending in September. The method of payment will be electronic ACH (Automated Clearing House) via Crestwood Hills bank of choice.
 - Non-sufficient funds or other contributing factors causing non-payment will immediately terminate membership until such time financial contributions are current.
 - Member can at any time pay the remaining balance in full effectively terminating this agreement.
 - Membership is valid after first payment.
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I (we) hereby authorize Crestwood Hills Golf Course, hereinafter called "COMPANY", to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Routing & Transit Number _____ Account Number _____

Account Type: Checking/Draft Savings/Share

Amount to Debit: \$ _____ Date to Debit _____ 1st of Month _____

Recurrence: Monthly (May to September)

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

Name(s) _____ ID Number _____
(Please Print)

Date _____ Signature(s) _____

Please attach a voided check or financial institution account verification letter to this form.

Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.