

KEBO VALLEY CLUB



FOUNDED 1888

ACH Authorization Form

I (we) hereby authorize Kebo Valley Golf Club to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Kebo Valley Golf Club is notified by me (us) in writing to cancel it in such time as to afford Kebo Valley Golf Club and the financial institution listed below a reasonable opportunity to act on it.

By signing this document, you also acknowledge the following:

- The draft period will run monthly starting on or about January 15 and ending on or about December 15. The December 15 draft will be adjusted to reflect the actual remaining balance.
- Cancellations to this draft before April 1st will result in a penalty of one-month's premium.
- The paying member will incur a \$25 fee for any item returned for insufficient funds.

Name(s) of Member(s) – Please Print

Address of Member(s) – Please Print

Name of Financial Institution

Address of Financial Institution – Branch, City, State, Zip Code

Financial Institution Routing Number

Checking/Savings Account Number

Membership Type

Costs of Membership

Monthly Capital Improvement Fund Gift

One Time Capital Improvement Fund Gift
(Month to collect _____)

Signature

Date