

# DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAYTIME PHONE# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Please deduct my direct payment from my account as follows:**

Name of Financial Institution: \_\_\_\_\_

Type of Account: Checking Account No. \_\_\_\_\_

Routing No. \_\_\_\_\_

**OR Please charge to credit/debit card (visa or master card) as follows:**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

I authorize Winchester Country Club to deduct my membership dues on \_\_\_\_\_ (date) from the account listed above. Indicate if this is monthly or at the beginning of each quarter.

I understand that if I decide to discontinue this payment plan I will notify the Club in writing at the following address: P.O. Box 582, Winchester, Ky. 40392

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_