

RIVERBEND GOLF CLUB, INC.
Pre-Authorized Payments Agreement
(Attach VOIDED Check)

Account Number: Name:

Phone: Email:

Address:

City: State: ZIP:

GOLF PAYMENTS: Checking Savings

Financial Institution: Phone:

Bank Routing #: Account #

By signing below, I hereby authorize Riverbend Golf Club, Inc. to initiate debit entries, no earlier than the payment due date, from my checking or savings account at the financial institution listed above for the purpose of making my golf charges and quarterly maintenance payments. The transfer of funds from my account will not cease until the Golf Club receives written notification from me within 15 days before the next transaction due date.

SIGNED: _____ DATE:

PLEASE ATTACH VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.

(A letter or any other documentation from your financial institution that contains the ABA routing number and account number will also be accepted. Failure to provide documentation will result in non-processing of your request.)