



Debit Authorization

I (we) hereby authorize (**Shelbyville Country Club**), hereinafter called SCC, to initiate payments from my (our) bank account indicated and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

Type of Account:

(Routing Number)

(Account Number)

Checking

Savings

SCC will provide members the option to either have their entire balance debited or dues payment only. Payments will be debited from the member's account on the 10th of each month or the following business day. I (we) authorize SCC to debit:

_____ Entire amount due (includes all club charges)

_____ Normal monthly dues only (regular dues and cart lease, if any)

This authority is to remain in full force and effect until SCC has received **written notification** from me (or either of us) of its termination in such time and manner as to afford SCC and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Member's Name)

(Signature)

(Date)

Office Use: Date Received _____ Date Entered in Database _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM