



Kebo Membership Dues 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 written notification is presented to Kebo Valley Golf Club to cancel it. If checking or savings account is to be closed, any unpaid balance will be paid in full, deducted from the account before closing, or new account information is given to Kebo Valley Golf Club by the 10th of the month. This will afford Kebo Valley Golf Club and the financial institution listed below a reasonable opportunity to act on it.

By signing this document, you also understand and acknowledge the following:

- 12 Payments starting January 15th and continue on the 15th of each month thru December. ----- Initial
- I understand this is an ongoing program year to year, unless I cancel the program in writing. ----- Initial
- The paying member will incur a \$25 fee for any item returned for insufficient funds. ----- Initial

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 Total Price

Costs of Membership

Monthly Capital Improvement Fund Gift

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

Signature

Date