

KEBO VALLEY CLUB



Membership Dues ACH Authorization Form Kebo Valley Golf Club

I (we) hereby authorize Kebo Valley Golf Club to initiate entries to my (our) checking/savings accounts at the financial institution listed below. 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 a checking or savings account is to be closed, any unpaid balance will be paid in full and deducted from the account before closing, or new account information will be 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 on or around January 15th and continuing 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 of Member(s): _____ / _____ / _____

Address of Member(s): _____

Name of Financial Institution (Please Print) _____

Address of Institution (Please Print) _____

Bank Routing Number: _____

Checking Account Number: _____

or Saving Account Number _____

Signature: _____ **Date:** _____

**Please send ACH Authorization Form to
Kebo Valley Golf Club
Attn Memberships
PO Box 27, Bar Harbor ME. 04609**

If you would like to contribute to the Kebo Irrigation Fund, please contact
The Office at 207-288-3000 extension 4 or office@kebovalleyclub.com