 **Direct Payment Plan – Authorization Form**

**PLEASE COMPLETE THE FOLLOWING:**

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name/information and be sure to sign/date the form.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voiced check please fill in your account number and routing number.

**AUTHORIZATION FOR DIRECT PAYMENT:**

I authorize McNary Golf Club to initiate electronic debit entries to my   
🞏 checking account   
🞏 savings account  
for payment of my monthly dues in the amount of $\_\_\_\_\_\_\_.00 to be withdrawn on the

🞏 5th of the month (If this is a weekend or holiday it will be withdrawn the next working day.)

🞏 20th of the month (If this is a weekend or holiday it will be withdrawn the next working day.)

If beginning my membership on a promotional rate including reduced monthly dues, I understand that my monthly dues will increase to the standard monthly dues amount for the membership category that I have selected following the promotional period. Today, the standard amount of monthly dues is $\_\_\_\_\_\_\_\_\_.00 and I authorize McNary Golf Club to withdraw this amount from my account on a monthly basis following any promotional period

I understand that I will receive a statement by mail for any amount over the approved amount listed above. This could include charges in the pro shop. I understand that I will be required to pay that additional amount by check/cash according to Club policy and that it will not be withdrawn from my account automatically. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution Routing/Transit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staple Voided Check Here**