



COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

Telephone: (803) 359-8838

***** This is an optional service *****

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize the Country Club of Lexington, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking _____ Savings _____ account indicated below and the financial institution named below to credit (or debit) the same to such account.

***** Please attach a voided check for the account to be drafted. *****

FINANCIAL INSTITUTION NAME

CITY

STATE

TRANSIT/ROUTING NUMBER

ACCOUNT NUMBER

I understand that my full statement balance will be drafted each month on the first weekday following the 10th of each month and should appear as a debit from my bank account *between the 11th and 15th of each month*. I also understand that it is my obligation to ensure funds are available and that **there is a \$25.00 fee for returned debits; (i.e. NSF)**.

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. If there are any corrections to my statement balance, I understand that if I notify the business office after the 5th of the month, the adjustment made will be made with the next month's debit.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

NAME

MEMBER NUMBER

SOCIAL SECURITY NUMBER **(LAST 4 DIGITS ONLY)**

DAYTIME TELEPHONE NUMBER

SIGNATURE

DATE

Information provided on this sheet is CONFIDENTIAL and is to be used only for the purpose stated above. Use of this information for anything other than the above state use is considered a criminal offense and is subject to prosecution.

Thank you.

www.ccoflexington.com

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Fax: (803) 359-6017