

_____ Type of Membership/Cost

_____ Today's Date

+ _____ Monthly Administration Fee

_____ Bank draft Begin Date

\$ _____ Total Monthly Fee

\$ _____ Monthly Bank draft Amount

AUTHORIZATION AGREEMENT WITH CENTRALIA PARKS & RECREATION FOR ANNUAL MEMBER AUTOMATIC MONTHLY PAYMENT WITHDRAWALS FROM BANK ACCOUNT FOR CENTRALIA COMMUNITY GOLF COURSE MEMBERSHIP DUES

Annual Membership Account #: _____

I, the undersigned annual member of the Centralia Community Golf Course, certify that I am the owner of the annual membership account for which I am applying for automatic payment withdrawals. I authorize the City of Centralia, Missouri, (hereafter "City") and the bank listed below to automatically withdraw my monthly payment of my annual membership fee plus a \$2.50 administrative fee to the Centralia Community Golf Course from my bank account monthly. I understand that at least one owner of the bank account must sign the authorization agreement. I understand that my bank account will be debited for the full amount of my monthly payment on the 10th of each month, or in the case that the 10th of being on a weekend or holiday, the debit will occur on the next bank business day.

I, the undersigned annual member of the Centralia Community Golf Course, hereby authorize the City to initiate debit entries to my bank account as indicated above to credit the same to my annual membership fee to the Centralia Community Golf Course.

Before this agreement can take effect, I understand that I must:

1. Already have the account set up at my bank.
2. Find out if my bank will accept automatic monthly withdrawals for an annual membership to the Centralia Community Golf Course. I must also verify my banks routing number and my account number (including dashes).
3. Notify my bank that I am going to set up automatic monthly withdrawals through the City for my monthly payment of my annual membership fee to the Centralia Community Golf Course. I must also make sure that I have supplied the bank with any information the bank requires in order to conduct automatic withdrawals.
4. Deliver to the City Parks & Recreation Department at the Centralia Recreation Center a voided check from my checking account and cash or a check for payment of the first month's amount.

I request that the City begin automatic payments of my monthly payment of my annual membership fee to the Centralia Community Golf Course from my bank account once all requirements have been met.

(Complete items A through D)

A. Bank Name: _____ City: _____

B. Bank Routing Number: _____

C. Bank Account Number: _____

D. Type of Account (check only one): Checking _____ Savings _____

I, the undersigned annual member of the Centralia Municipal Golf Course, agree to the following:

1. If my automatic withdrawal is returned unpaid for any reason including because of insufficient funds, I will be notified and required to promptly pay the amount of my monthly fee, plus a \$20 return fee and any bank charges assessed to the City for the return item. Payment shall be required to be made by cash or money order.
2. An automatic withdrawal of a monthly payment of my annual membership fee returned unpaid for any reason will result in the City giving me notice of the City's intention to terminate my annual membership to the Centralia Community Golf Course if payment in full by cash or money order for the monthly installment of my annual membership fee and all charges is not made by the 20th day of the month.
3. If my automatic payment withdrawal is returned unpaid for any reason including because of insufficient funds two times within a 12-month period, I will be notified of my removal from the automatic payment withdrawal program for one year. I may re-apply for the automatic withdrawal program after a one-year period provided no returned checks have been received on my account during that time period.
4. The automatic payment authorization may be terminated at any time by the annual member of the Centralia Community Golf Course, any bank account owner, the financial institution, or the City Parks and Recreation Department. The termination must be in writing and delivered to the City Parks & Recreation Department at the Centralia Recreation Center at least 10 days prior to the desired termination. I understand that I will not be able to sign up for an annual membership again for one year from the default day (last month paid in full) or may be reinstated if all back dues are paid by cash, check or money order.

Date: _____ Annual Membership Expiration Date: _____

Annual Member Signature

Name (printed)

Address

City

State, Zip Code

Email address

Phone Number