

# ACH Payment Authorization

You authorize regularly scheduled charges to your Checking Account. You will be charged the amount indicated below each billing period. The ACH charge will appear on your Checking Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. This will be for Golf and Camping Dues Only.

Existing members: ACH payments will begin on February 15<sup>th</sup>, 2020 and continue every month for up to 8 consecutive months. ACH payments must be paid in full by September 15, 2020

I \_\_\_\_\_ authorize Valley View Club to charge my Checking Account below for \$ \_\_\_\_\_ on \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup>

Goods / Services Rendered: \_\_\_\_\_

## Billing Details

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Bank (ACH) Information

Name on Checking Account - \_\_\_\_\_

Bank Name - \_\_\_\_\_

Checking Account Number - \_\_\_\_\_

Bank Routing Number - \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this checking account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

**Individual's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_