

Fee Payment Authorization Form

Member# _____

Name _____

Address _____

Payment Amount _____

Account Balance _____

Start Date _____

Bank Information

Bank Routing# _____

Bank Account# _____

Account Type _____

Withdrawal Amount _____

Authorization

I, _____, authorize Senior Estates Golf and Country Club to withdraw _____ from the above listed bank account on the _____ of each month.

Homeowner

Date

Homeowner

Date

The term of this Agreement ends on _____

Senior Estates Golf and Country Club

Financial Manager

Date