



Automatic Bank Withdrawal Application Form

Member Name(s): _____

Billing Address: _____ Zip _____

Home Phone: _____ Daytime Phone: _____

Email Address: _____

Automatic Bank Withdrawal

Please attach a blank check marked "VOID" and complete the following information:

Account Number: _____

Account Type: ___ Checking ___ Savings

Name of Bank: _____

Total Amount Due at time of signing this form:

Monthly Payment Amount:

Regular payment payable on 15th day of each month

\$120/mo for Family memberships

\$ _____

\$87/mo for Couple memberships

\$ _____

Month to start draft: _____

*Payments will be withdrawn at the 15th day of each month starting April 15th and ending on September 15th, 2010.

I/We authorize Lochmere Recreation Club, Inc. to draft the payment listed above on a monthly basis. The funds for this payment shall be debited from the account listed above. This authorization will remain in effect until canceled in writing and received by Lochmere Recreation Club, Inc. I agree that Lochmere Recreation Club, Inc. will be fully protected in honoring any such draft and agree to pay any late fees or penalties for non-payment.

Primary Authorized Signature: _____

Please Print

_____ Date

_____ Signature

Joint or Other Authorized Signature: _____

Please Print

_____ Date

_____ Signature

For Joint Accounts, signatures of ALL account holders are required