



**AUTHORIZATION FOR
DIRECT PAYMENT VIA ACH (ACH DEBIT)**

OFFICE USE ONLY
DATE: _____
MBRSHIP: _____
Employee Initials: _____

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) authorize Hourihan Golf, LLC/Bridgton Highlands to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

(Circle One) • ** Checking Account or Savings Account **

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name _____

Routing Number _____ Account Number _____

Amount of Membership Dues Paid: _____ Check #: _____ Visa MC Discover AMEX

Amount of Membership Dues Charged Monthly: _____

Date(s) and/or frequency of debit(s): The 15th of every month in 2023.

I (we) understand that this authorization will remain in full force and effect until I (we) notify HF Golf, LLC/Bridgton Highlands in writing, that I (we) wish to revoke this authorization. I (we) understand that HF Golf, LLC/Bridgton Highlands requires at least 60 prior notice in order to cancel this authorization. It is also understood that upon cancellation of ACH Authorization the total remaining balance of My (our) Membership Dues will be payable in full immediately. It is understood that I (we) are financing the 2023 Membership Dues over 12 monthly payments and cannot cancel My (our) ACH payment plan until remaining balance is paid in full.

Name(s) _____ Phone _____
(Please Print)

Date _____ Signature(s) _____

Two or more bounced ACH payments during the 2023 Season will result in Membership suspension until entire remaining dues balance is paid in full.

A \$35 Fee Will Be Charged for All Returned or Canceled ACH Payments

**2023
Season**



Mail completed forms to:
Hourihan Golf Management, LLC
Attn: Jenn Manning
304 Gorham Road
Scarborough, ME 04074