



**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 _____

- Individual Full Week** _____ \$415 on 01/15 • 02/15 • 03/15 • 04/15
- Individual Limited** _____ \$270 on 01/15 • 02/15 • 03/15 • 04/15
- Individual Twilight** (Valid after 2pm) _____ \$205 on 01/15 • 02/15 • 03/15 • 04/15
- Couple Full Week** _____ \$720 on 01/15 • 02/15 • 03/15 • 04/15
- Couple Limited** _____ \$470 on 01/15 • 02/15 • 03/15 • 04/15
- Couple Twilight** (Valid after 2pm) _____ \$355 on 01/15 • 02/15 • 03/15 • 04/15
- Family** _____ \$795 on 01/15 • 02/15 • 03/15 • 04/15
- Junior** (18 years old and under) _____ \$100 on 01/15 • 02/15 • 03/15 • 04/15
- College** (Valid college ID required - *29 & under) _____ \$135 on 01/15 • 02/15 • 03/15 • 04/15
- Under 30** (Available to golfers under 30 years old on 1/1/24) _____ \$195 on 01/15 • 02/15 • 03/15 • 04/15

I (we) understand that this authorization will remain in full force and effect until I (we) notify Bridgton Highlands CC in writing, that I (we) wish to revoke this authorization. I (we) understand that Bridgton Highlands CC requires at least 60 prior notice 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 2024 Membership Dues over 4 monthly payments and cannot cancel My (our) ACH payment plan until the remaining balance is paid in full.

Name(s) _____ Phone _____
(Please Print)

Date _____ Signature(s) _____



Two or more bounced ACH payments during the 2024 Season will result in Membership suspension until entire remaining dues balance is paid in full.



A \$50 Fee Will Be Charged for All Returned or Canceled ACH Payments

**2024
Season**



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