



**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 laws.

Bank Name _____

Routing Number _____ Account Number _____

- Individual Full Week _____ \$555 on 02/15 • 03/15 • 04/15 • 05/15
- Individual Limited _____ \$330 on 02/15 • 03/15 • 04/15 • 05/15
- Individual Twilight (Valid after 2pm) _____ \$250 on 02/15 • 03/15 • 04/15 • 05/15
- Couple Full Week _____ \$950 on 02/15 • 03/15 • 04/15 • 05/15
- Couple Limited _____ \$570 on 02/15 • 03/15 • 04/15 • 05/15
- Couple Twilight (Valid after 2pm) _____ \$430 on 02/15 • 03/15 • 04/15 • 05/15
- Family _____ \$1050 on 02/15 • 03/15 • 04/15 • 05/15
- Junior (18 years old and under) _____ \$120 on 02/15 • 03/15 • 04/15 • 05/15
- College (Valid college ID required - *29 & under) _____ \$165 on 02/15 • 03/15 • 04/15 • 05/15
- Under 30 (Available to golfers under 30 years old on 1/1/26) _____ \$240 on 02/15 • 03/15 • 04/15 • 05/15

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 2026 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 2026 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

**2026
Season**

Mail completed forms to:
**Hourihan Golf Management, LLC
Attn: Jenn Manning**

304 Gorham Road
Scarborough, ME 04074