

Monthly Payment Plan Authorization Set Up

Please include the following information and RETURN BEFORE JANUARY 31st.

Credit Card on File - 3% Fee added on to each monthly transaction – MC /VISA/DISCOVER

Name as it appears on card: _____

Billing Address: _____

Credit Card #: _____ Debit? _____

Expiration Date: _____

CVC/Security code: _____

Signature: _____

ACH PAYMENTS - \$10 fee per year

Checking Savings (Circle one) Personal or Business (Circle one)

Name on Acct: _____

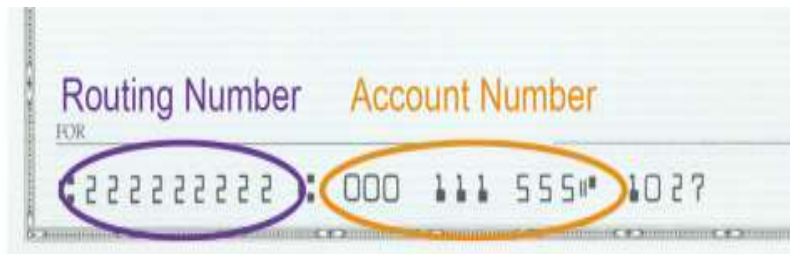
Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Bank Routing #: _____

Signature: _____



By signature above, I authorize White Lake Golf Club to charge my credit card for my annual dues and any selected add-on expenses equally amortized over twelve months, January through December. I acknowledge that dues and add-on expenses are an annual obligation and that if I discontinue this program for any reason, any unpaid balance will be due and payable to White Lake Golf Club immediately. Each payment will be charged on the 1st of each month and continue until written notice is received.