



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

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

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) authorize HF Golf, LLC/Fox Ridge GC, LLC 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 2025

I (we) understand that this authorization will remain in full force and effect until I (we) notify HF Golf, LLC/Fox Ridge Golf Club, LLC in writing, that I (we) wish to revoke this authorization. I (we) understand that HF Golf, LLC/Fox Ridge Golf Club, LLC requires at least 60 days 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 2025 Membership Dues over 12 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 2025 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**

**2025
Season**



Mail completed forms to:

HF Golf, LLC
Attn: Jenn Manning
304 Gorham Road
Scarborough, ME 04074