



<b>OFFICE USE ONLY</b>	
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 15<sup>th</sup> 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/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 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:

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