

**SANFORD**  
COUNTRY CLUB

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

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)**

I (we) authorize HF Golf, LLC/Sanford CC to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

† Checking Account / † Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository 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 2017.

I (we) understand that this authorization will remain in full force and effect until I (we) notify HF Golf, LLC/Sanford CC in writing, that I (we) wish to revoke this authorization. I (we) understand that HF Golf, LLC/Sanford CC requires at least 60 prior notice in order to cancel this authorization. It is also understood that upon cancellation of ACH Authorization My (our) Membership Dues will be payable in full immediately.

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**A \$35 Fee Will Be Charged for All Returned or Cancelled ACH Payments**

**2017  
Season**



Mail completed forms to:

**HF Golf, LLC**

Attn: Jenn Manning

304 Gorham Road  
Scarborough, ME 04074