



Debit Authorization

Name: _____

Street Address: _____

Home Phone: _____

Daytime Phone: _____

Please deduct the dues from my bank account:

Bank Name: _____

Account Number: _____

Type of Account ___ Checking ___ Savings

Bank Routing Number: _____

(Please attached a voided check)

I authorize Fallen Timbers Family Rec Club, Inc. to deduct \$ 65.00 each month on the 15th of the month beginning _____ 15, 2020. (If the account balance is low and this deduction cannot be made, this transaction will be repeated one time the following day. If we are unable to collect the funds you will be charged a processing fee and you will no longer be eligible to be enrolled in the monthly ACH).

I understand that in the event that the annual dues increase I authorize FTFRC to increase the monthly payment to reflect the increase in annual dues. I will remain enrolled in the monthly ACH every year until I verbally make a request to the Treasurer be withdrawn. I understand that I may discontinue this plan at any time by informing the Treasurer in writing.

Signature: _____ Date: _____