

**ALEXANDRIA GOLF & COUNTRY CLUB
P.O. BOX 5666
ALEXANDRIA, LA 71307**

Authorization Agreement for Automatic Draft

Member Information

Name on bank account
Address (street)
City, State, Zip
AGCC Member #
Email
Daytime Phone

Financial Institution Information

Financial Institution
Bank Routing Number
Bank Account Number

I hereby authorize The Alexandria Golf & Country Club to automatically debit my checking account at the above noted financial institution for my monthly payment between the 5th & 10th day of each month.

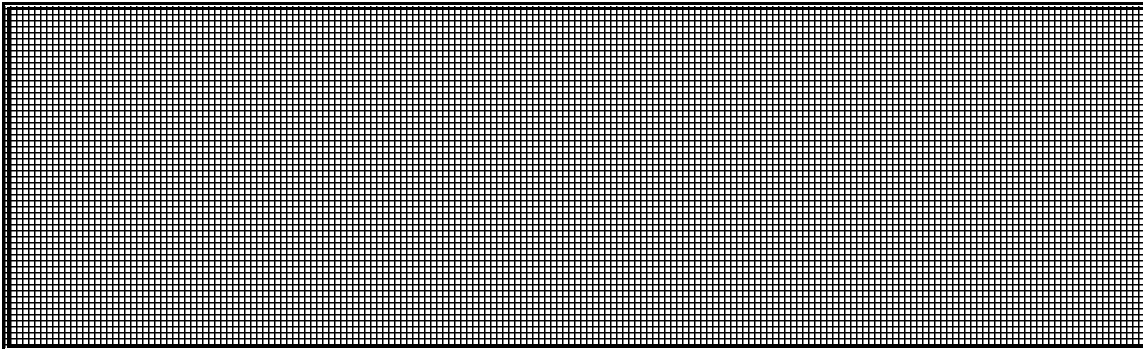
I understand I will be charged an additional fee in the event funds are not available at the time of collection.

I understand that it is my responsibility to notify The Alexandria Golf & Country Club of any changes to my home account at least 2 weeks prior to the date of the draft.

I understand that it is my responsibility to cancel the collection process in writing should I decide to cease the collection service.

Authorized Signature

Please attach a voided check to the bottom of this form.



Mail the completed form to the address above at least 2 weeks prior to the first draft.