

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
OF CITY OF CARROLL MUNICIPAL GOLF COURSE SEASON MEMBERSHIP**

I hereby authorize the City of Carroll to initiate debit entries for an annual season membership to my checking account indicated below. I also authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

TYPE OF MEMBERSHIP – PLEASE CIRCLE

Membership Type:		Cart Rental type:	
<input type="checkbox"/> Family (\$781)	<input type="checkbox"/> Senior (\$458)	<input type="checkbox"/> Sr. Couple (\$703)	<input type="checkbox"/> Trail fee (\$200)
<input type="checkbox"/> Adult (\$509)	<input type="checkbox"/> Student (\$232)	<input type="checkbox"/>	<input type="checkbox"/> Season Cart Rental (\$480)

_____	-	_____	=	_____	/	_____	MONTHLY DEBIT
ANNUAL TOTAL		PAYMENT(S) MADE		AMOUNT DUE		# OF MONTHS	

BANK/DEPOSITORY NAME _____

ROUTING/ABA NO. _____ ACCOUNT NO. _____

Payments will be made on the 15th or the first working day following the 15th of each month.

_____ **My withdrawals and membership will continue based on the annual season membership rates until I notify the City of Carroll in writing of my wish to cancel.** I acknowledge that this authority will remain in effect until the City of Carroll and the financial institution is notified of my wish to cancel in such time as to afford the financial institution a reasonable opportunity to act. **A minimum of thirty (30) days notice is required.**

_____ This authorization agreement does not exonerate the below signed individual(s) from any increase(s) of fees that may be initiated and approved by the City of Carroll in the future. Any such increase of fees shall be paid by the individual(s) whose signature appears below. However, you will be notified by mail prior to any increase in fees going into effect. Most, if not all, increases will become effective January 1 of each calendar year and will remain in effect for the entire calendar year.

_____ I understand that if I wish to cancel my membership mid-season, I will be responsible for the portion of my annual membership fee in the amount equivalent to my usage of the course, as determined by the Golf Course Manager.

_____ I agree that the City of Carroll's rights in respect to each monthly deduction shall be the same as if it were a check written by me and signed personally by me. I understand that any insufficient funds drawn against me by the City of Carroll must be paid in cash to the City of Carroll and not to my financial institution. If an insufficient account should occur, my golf privileges at the Municipal Golf Course will not be honored until all back payments have been paid in full. I understand I will lose the privilege of purchasing my membership through the automatic checking account deduction plan for a period of one (1) year if I have two (2) months of insufficient funds, or, if I stop payment in any twelve (12) month period. **A fee will be charged for any insufficient funds notice.**

NAME(S) (Please Print) _____ Date of Birth _____

DATE _____ SIGNED _____

ADDRESS _____ PHONE _____

PLEASE ATTACH A COPY OF A VOIDED CHECK