

Instructions  
For  
Authorization Agreement for  
ACH Preauthorized Payments (Debits)

If you are interested in signing up for ACH Debits, please following the instructions below:

1. Call (434) 577-2193 for payment amount.
2. Print and complete the form below. Write the name of the person you spoke with along with the payment amount and the date you called.
3. Write a check for the first month's payment to The Club Resort Association, Inc. Your automatic payment will be drawn from the same account in which your check was written and will begin the following calendar month.

# The Club Resort Association, Inc.

## Authorization Agreement for ACH Preauthorized Payments (Debits)

I hereby authorize The Club Resort Association, Inc. PO Box 309, Gasburg, Virginia 23857, or its Agent, to initiate debit entries, or such adjusting entries (debit or credit) necessary for corrections, to my  Checking or  Savings account indicated below, and the financial institution named below to credit (or debit) the same to such account.

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Financial Institution Name	City	State	Zip
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Transit/Routing Number	Account Number
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I understand that this authorization will be in effect until I notify The Club Resort Association, Inc. in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

I understand that I am requesting my payment that is due to The Club Resort Association, Inc. in the amount of \$\_\_\_\_\_ for my membership dues for the year of \_\_\_\_\_ be automatically drafted from the account listed above, on the Seventh (7th) day of each month, beginning in \_\_\_\_\_ and ending when paid in full. I understand that I will be charged a fee of Forty Dollars (\$40) for each draft of my account that is returned due to non-sufficient funds, account closure, or stop payment.

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Name	Social Security Number
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Signature	Date
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Name	Social Security Number
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Signature	Date
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Member Number