



GOLDEN GATEWAY
TENNIS & SWIM CLUB

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Member Name: _____

Member Number: _____

BANK ACCOUNT INFORMATION:

Checking **Savings** **Other**

Name of Financial Institution: _____

Account Number: _____

Bank Routing Number: _____

YOU MUST ATTACH A VOIDED CHECK HERE (no deposit slips please)

I authorize Golden Gateway Tennis & Swim Club to debit the above account, on or about the 5th of each month, for my monthly dues and personal charges. I understand that Golden Gateway Tennis & Swim Club will continue to send a monthly billing statement reflecting my charges and payments. I understand that if my account is declined, my membership account may be charged a fee of \$15.00. If my account is declined twice, I understand that I may be removed from Electric Funds Transfer.

Golden Gateway Tennis & Swim Club will continue to debit this account on a monthly basis until one of the following occurs:

- The membership is resigned in accordance with the terms of the Membership Agreement.
- Written notice to terminate Electronic Funds Transfer is provided to the Club at least 15 days before the payment due date.

Member Signature: _____ Date: _____