



**WILDWOOD GOLF CLUB**

601 Aberdeen Dr.  
Middletown, OH 45042

**ELECTRONIC FUNDS TRANSFER (EFT)**

**Dues Payment Option**

**Authorization Form**

Fill in the information requested below. (Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Receipt of your payment and this authorization form will allow you the convenience of having your annual membership obligation deducted from your bank account on a monthly basis without incurring finance charges. A notice will be sent informing you of the payment amount and the date your Electronic Funds Transfer payment will begin.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Address

\_\_\_\_\_  
Transit/Routing Number

Checking    Savings

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Account Type\*  
Please verify that your account will  
Allow Electronic Funds Transfers

By signing below, I hereby authorize Wildwood Golf Club Company (the "Company") to obtain from any designated account at the Financial Institution identified above, by electronic transfer or other commercially accepted method, monthly amounts that are required to maintain membership. I understand that I have the right to receive notice each time there is a change in the amount that will be transferred from the designated accounts. This authorization will remain in effect for 11 months unless I terminate in accordance with applicable law. I agree that if for any reason I decide to discontinue transferring my membership payments by electronic transfer, I will make membership payments in such other manner as is directed by the Company. I understand that such manner may include a demand for payment in full of all remaining dues amounts. I understand that I am responsible for the entire balance based upon my membership classification and that this is a binding contract.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone