



1203 West Woodcroft Parkway * Durham, NC 27713 * 919.489.7705

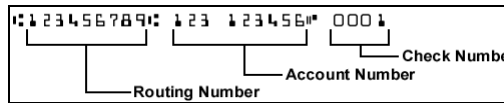
**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(EFT/ACH DEBITS)**

I (we) hereby authorize the Woodcroft Club, to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Bank," and to debit the same to such account for the purpose of collecting membership dues. I (we) acknowledge that the origination of EFT/ACH transactions to my (our) account must comply with the provisions of United States law.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing/Transit Number (9 digits): _____ Account Number: _____



This authorization is to remain in full force and effect until the Woodcroft Club has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Woodcroft Club and Bank a reasonable opportunity to act on it. I understand that all dues are non-refundable after the billing dates. Also, I understand the monthly dues will be automatically billed unless I paid the year's dues in full. I further understand that the Woodcroft Club reserves the right to levy any late fees as well as returned check fees or declined electronic draft charges. I understand if I wish to terminate my membership for any reason, I must do so in writing in conjunction with the return of any and all membership cards before the billing dates. I understand that if I choose to terminate my membership for any reason, already processed dues will not be refunded. I understand that membership is automatically renewed either annually or monthly depending on payment option. Membership is automatically renewed unless a written letter of termination is received prior to the billing dates, which is the 1st day of every month for monthly payers or the annual renewal date. If payment is not received by the 1st of the month for monthly payers or the annual renewal date, then the Woodcroft Club reserves the right to terminate your membership. Rejoining fees will apply if you wish to rejoin or reinstate your membership.

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: _____

Check One: Please begin debiting my account as reflected above.

I am currently participating in the Direct Payments Program

CHANGE- Change financial institutions and/or account number.

CANCEL – Stop my participation in the program.

NOTE: ATTACH A VOIDED CHECK HERE TO BE PROCESSED PROPERLY

PLEASE RETURN FORM AND VOIDED CHECK TO:

**Woodcroft Club
1203 W Woodcroft Pkwy
Durham, NC 27713**

Woodcroft Club Use Only:

Member Account Number: _____ Date entered: _____