

# Franklin Country Club, Inc.

## Direct Debit Agreement Form

### Authorization Agreement

I hereby authorize **Franklin Country Club, Inc.** to initiate automatic debits from my account at the financial institution named below. I also authorize **Franklin Country Club, Inc.** to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **Franklin Country Club, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account.

This agreement will remain in effect until **Franklin Country Club, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to company.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Member Name: \_\_\_\_\_

Frequency: \_\_\_\_\_ Monthly

Authorized Signature (Primary): \_\_\_\_\_ Date : \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date : \_\_\_\_\_

**Please attach a voided check or deposit slip**