

Pre Authorized Payment

Please fill in each box with the information requested

Name: _____ IHCC Member #: _____ 1936

DATE _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS Security Features Details on back

FOR _____

⑆000000186⑆ 000000529⑈ 1000

Routing Number Account Number

I (We) hereby authorize Indian Hills Country Club to initiate entries to my (our) checking accounts at your financial institution listed below and automatically withdrawal my monthly balance on the 10th of every month. It is understood that my monthly payment will be withdrawn from the account listed above. This authority will remain in effect until Indian Hills Country Club is notified by me (us) in writing to cancel it in such a time as to afford Indian Hills Country Club and your financial institution a reasonable opportunity to act on it.

(Your Financial Institution)

(Address of your Financial Institution- Branch, City, State, & Zip)

Name (Print): _____ Date: _____

Signature: _____ IHCC Member Account #: _____

Please return the requested information to Indian Hills Country Club with a voided check