



729 Fairway Lane, Ligonier, PA 15658  
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724-238-7620 (phone) 724-238-3464 (fax)

### Credit Card/ACH Authorization Form

All requested information is required. Complete at minimum, either block one or two, and block three

Card Type: \_\_\_ Credit \_\_\_ Debit                      \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Amex

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_                      CVV # \_\_\_\_\_                      Zip code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Address: \_\_\_\_\_

ACH: \_\_\_ Checking \_\_\_ Savings                      \_\_\_ Business Account

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

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

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_

*Check all that apply*

One-time Use of is payment is authorized for the purpose of \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_                      (example: payment on account in the amount of \$100)

Keep on file for future uses as instructed

Recurring payments of my LCC Account (complete agreement below)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Recurring Payments Agreement

I authorize Ligonier Country Club to keep the above card on file and to charge it for all monthly invoices on the 15<sup>th</sup> of the month following the date of the invoice.

I agree to bring any billing discrepancies to the controller's attention within 10 days of the billing date to avoid overcharges or wait for the next cycle for credits to my account.

This automatic payment authorization may be canceled at any time by notifying the office in writing. A new form must be submitted to change or update your card number. It is my duty to keep the card on file current and understand that late charges may occur if the card is not kept up to date.

For LCC Member: \_\_\_\_\_ Acct # \_\_\_\_\_ New Acct \_\_\_\_\_

Authorized User's Initials: \_\_\_\_\_

*This form will be redacted after first payment*