



729 Fairway Lane, Ligonier, PA 15658
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Credit Card/ACH Authorization Form

All requested information is required. Complete at minimum, either block one or two, and block three
A 3% processing fee will be assessed to all card payments beginning March 1, 2025

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 15th 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