

## CREDIT CARD/BANK DRAFT PAYMENT FORM

### CARDHOLDER INFORMATION

FULL NAME (AS ON CARD):   
BILLING ADDRESS:   
CITY:  STATE:  POSTAL CODE:

**CARD DETAILS** (processing fee applies on credit cards: 1.5% automatic payments, 3% all other)  *default*

CARD TYPE  DEBIT  CREDIT  
CARD NUMBER:      
EXPIRATION DATE (MM/YY):    
SECURITY CODE (CVV):

### ACH/BANK DRAFT DETAILS

TYPE OF ACCOUNT  CHECKING  SAVINGS  *default*  
ROUTING NUMBER   
ACCOUNT NUMBER   
BUSINESS ACCOUNT  YES  NO

AUTOMATIC PAYMENTS FOR MY MONTHLY BILL (INITIAL BELOW)

ONE-TIME PAYMENT AMOUNT

PURPOSE OF PAYMENT

I, the undersigned, authorize Ligonier Country Club to charge my credit card for the purposes and amount specified above.  
I understand that my personal and financial information will be kept secure and confidential.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Recurring Payments Agreement

I authorize Ligonier Country Club to keep the above card or banking information 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: \_\_\_\_\_