



The San Francisco Bay Club

**AUTOMATIC MONTHLY CHECKING ACCOUNT PAYMENT**

PLEASE ATTACH VOIDED CHECK HERE

PLEASE PRINT **VOID** ON FACE OF CHECK.

MEMBER NUMBER: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

CHOOSE ONE:

CHECKING

SAVINGS

ACCOUNT NUMBER:		ROUTING NUMBER:	
-----------------	--	-----------------	--

NAME OF FINANCIAL INSTITUTION:	
ADDRESS OF FINANCIAL INSTITUTION CITY STATE / ZIP:	
ADDRESS WHERE BANK STATEMENTS ARE SENT: CITY STATE / ZIP	

I AUTHORIZE SAN FRANCISCO BAY CLUB TO DEBIT THE ABOVE ACCOUNT FOR MY MONTHLY DUES AND PERSONAL CHARGES. I UNDERSTAND MY ACCOUNT WILL BE DEBITED ON OR ABOUT THE 22<sup>ND</sup> OF EACH MONTH. I UNDERSTAND THAT SAN FRANCISCO BAY CLUB WILL CONTINUE TO SEND A MONTHLY BILLING STATEMENT REFLECTING CHARGES AND PAYMENT ON MY SAN FRANCISCO BAY CLUB MEMBERSHIP ACCOUNT.

SAN FRANCISCO BAY CLUB WILL CONTINUE TO AUTOMATICALLY DEBIT THE CHECKING ACCOUNT PROVIDED UNTIL EITHER:

1. WRITTEN NOTICE 15 DAYS IS GIVEN TO STOP THE BILLING OR
2. THE MEMBERSHIP IS CANCELLED IN ACCORDANCE WITH OUR CANCELLATION POLICY.

**I UNDERSTAND THAT IF MY PAYMENT IS DECLINED, MY MEMBERSHIP WILL BE CHARGED A FEE OF \$25.00. IF MY PAYMENT IS DECLINED TWICE, I UNDERSTAND THAT I MAY BE REMOVED FROM ELECTRONIC FUNDS TRANSFER.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_