

ROCKPORT COUNTRY CLUB

E-BILL AUTHORIZATION

The undersigned member hereby authorizes the Rockport Country Club Members Association to send all monthly invoices for my member account via email instead of the U.S. Postal Service. I want to receive the invoices solely at the email address printed below. I understand that this authorization shall remain in effect until revoked by me in writing and delivered to the Club.

Email Address

Member Account #

Printed Name

Signature

Date

**EZ-PAY PAYMENT PLAN TERMS AND CONDITIONS
PLEASE READ CAREFULLY**

To participate in the EZ-Pay Payment Plan, you must participate in the E-Bill program. The EZ-Pay Payment Plan is for the convenience of the member. The member certifies that the information provided below is correct and that the member's bank account or credit card account is in good standing with sufficient available funds to cover pre-authorized payments as they come due. This EZ-Pay Payment Plan can be terminated at any time by the member upon written notification delivered to the Club or by the Club with or without notification. Upon termination, any amount due shall be paid directly to the Club. Cancellation of pre-authorized payment by the member does not constitute resignation from membership in the Club, and the member shall be liable for any past, present, or future amounts owing to the Club. Claims for reimbursement of any unauthorized debit or charge to the member's bank account or credit card account must be made in writing to the Club within 60 days following the date of the relevant debit or charge. Claims for any unauthorized charges appearing on monthly invoices must be made in writing to the Club within 30 days of the invoice date. Delivery of this authorization to the Club constitutes delivery to the financial institution identified below. The Club is authorized to disclose the information contained in this authorization to any financial institution or third party service provider necessary to complete the relevant transaction.

AUTHORIZATION FOR EZ-PAY PAYMENTS

The undersigned member hereby authorizes the Rockport Country Club Members Association to debit or charge the full amount owed on my monthly invoice on the 10th day following the invoice date. I understand that this authorization shall remain in effect until revoked by me in writing and delivered to the Club.

Member Account #

Printed Name

Signature

Date

SELECT ONLY ONE OF THE OPTIONS BELOW

Option 1 – Information for Bank Debit Payment (if selecting this option, please attach a sample check for verification marked “void”)

Bank Name _____
Address _____
City, State, Zip _____
Account Holder Name _____
Account # _____

Option 2 – Information for Credit Card Payment

Check one: Debit _____ Credit _____
Check One: Visa _____ MasterCard _____ Discover Card _____
Name on Card _____
Zip Code of Billing Address _____
Account # _____
Exp. Date _____
3 Digit Security Code: _____