

THE MADISON CLUB

ACH DEBIT / CREDIT CARD AUTHORIZATION FORM

Please choose your preferred method of payment

All applicants must register for automatic ACH payments or have a valid credit card number on file. To simplify billing, the ACH payment method is preferred by the Madison Club. All members, regardless of payment method, receive an itemized statement at the end of each month.

_____ ACH

_____ Credit Card

ACH FORM

Use this form if you select to pay your bill via ACH payments

Identification

First Name: _____

Driver's License #: _____

Middle Name: _____

Driver's License State: _____

Last Name: _____

Payment Plan Schedule

Today's Date: _____

Amount to be debited (select one):

A reoccurring debit will occur monthly, beginning the first week of next month.

All Charges _____

Dues Only _____

Customer Bank Account Information

Bank: _____

Account Number: _____

Routing Number: _____

Bank Phone Number:

(____) _____

A voided check from the customer's bank account must accompany this authorization form.

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH Debit Authorization Form. All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to the Madison Club 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or the Madison Club due to NSF (non-sufficient funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____

Second Authorized Signature
of Bank Account if Required: _____ Date: _____

CREDIT CARD FORM

Use this form if you select to pay your bill via credit card

Identification

Full Name on Card: _____

Billing Address for Credit Card: _____

Type of Card: _____

City: _____

Card Number: _____

State: _____

Zip: _____

Expiration Date:

Month: _____ Year: _____

CVV Security Code: _____

Payment Plan Schedule

Where would you like to receive your monthly statements? Home Address Business Address Email

Please indicate preferred terms for dues payment: Monthly 12-Month Advanced

Payment Authorization

This authorization shall remain in effect until the Service Provider receives written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider reasonable opportunity to act (minimum 30 days).

I authorize the Madison Club to bill charges to the above card.

Customer Signature: _____ Date: _____

Phone Number: _____