



RIDGEWOOD COUNTRY CLUB
Monthly Recurring Credit Card Payment Form
Direct Withdrawal Authorization Agreement

I, _____, HEREBY GIVE
AUTHORIZATION TO RIDGEWOOD COUNTRY CLUB TO AUTOMATICALLY DEBIT FROM
MY CREDIT CARD \$ _____ , THE BALANCE DUE FOR MY 2021 GOLF
MEMBERSHIP AS FOLLOWS:

January 1, 2021 \$ _____

February 1, 2021 \$ _____

March 1, 2021 \$ _____

Credit Card Debit Card

Credit Card Type: Visa Master Card Discover AmEx

Credit Card Number: _____

Expiration Date: _____ CVV# _____

Cardholder Name: _____

Credit Card Billing Address (where you receive your credit card statement):

Street

City

State

Zip Code

I understand and agree that I cannot cancel this agreement. If for any reason I default on this agreement, I shall be responsible for all legal and/or collection expenses incurred by Ridgewood Country Club to collect the balance due. There will be a \$10.00 late fee charged on all payments not paid after 15 days of due date.

Signature: _____ Date: _____

Approved by: _____