Start date: ___/___/_____

Monthly dues: $_____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY
NAME _____HALIFAX COUNTY GOLF CLUB, INC._____

I (we) hereby authorize _Halifax County Golf Club, Inc.__, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME _____

NAME(S) ON THE ACCOUNT _____

_____

TRANSIT/ABA NO. _____ (9 digits)

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PRINT NAME(S) _____ _____
(PLEASE PRINT) (PLEASE PRINT)

SIGNATURE (S) _____ _____

DATE _____