



GOLF EZ Pay
Preauthorized Payment (ACH Debit) Agreement

Enrollment Date:

PERMIT HOLDER INFORMATION

Permit # _____

Name _____

Address _____

Day Phone _____ **Cell Phone** _____

Email _____

BANK ACCOUNT INFORMATION: (refer to your bank for any questions on this section)

Type of account you wish to be debited: checking _____ or savings* _____

Name(s) on Bank Account: _____

Bank Routing (ABA) # (first 9 digits on bottom left of _____

Bank Account # (next series of digits, excluding the check#) _____

Name of Bank _____

Bank Phone # _____

AUTHORIZATION: I authorize the City of Concord to withdraw (debit) directly from my account (as indicated above) my monthly SEASON PERMIT PAYMENT in the Amount of \$ _____

I understand that the debit will be made on or after the 22nd of each month from the Enrollment Date through May 30th. In the event the 22nd is a non-business day, debit will occur on the next business day following the 22nd, further, that the City of Concord is not liable for any damages that may result from a draft. I also understand I am liable for any unpaid balance before I may play on or after June 1st. If at any time I decide to terminate my participation in the Golf E-Z PAY plan, I will notify the Golf Course IN WRITING at: City of Concord General Services, 311 N State St., Concord NH 03301 att: Golf EZ Pay Plan, Golf Course Manager. The City of Concord retains the right to discontinue the Golf E-Z PAY plan and/or my participation upon proper notification of same. I acknowledge that I have read and agree to these terms.

Account Holder (s) Signature for Authorization

Dated

Print Name

(*if you have selected savings, be sure to check with your bank for correct ABA #)