

220 Corte Madera Town Center
Corte Madera, CA 94925
(415) 945-3000



EFT TRANSFER
PAYMENT AUTHORIZATION

Member Name: _____

Member Number: _____

Checking

Savings

Account Number: _____

Routing Number: _____

Name of Financial Institution: _____

Address where Bank Statements are sent: _____

Attach Voided Check Here
(no deposit slips accepted)

I authorize Bay Club Marin to debit the above account for my monthly dues and personal charges. I understand my account will be debited on or about the 13th of each month. I understand that Bay Club Marin will continue to send me a monthly billing statement reflecting my charges and payments. I understand that if my account is declined, my membership account will be charged a fee of \$15.00. If my account is declined twice, I understand that I may be removed from Electronic Funds Transfer.

Bay Club Marin will continue to debit this account on a monthly basis until one of the following occurs:

- The membership is resigned in accordance with the terms of the Membership Agreement.
- Written notice to terminate electronic funds transfer is provided to the club at least 15 days before the payment due date.

Member Signature

Date

Staff Signature

Start Date