

**Irem Country Club**

70 Ridgway Drive

Dallas, PA 18612

Phone: 570-675-4465

Fax: 570-675-0793

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

I (we) hereby authorize Irem Country Club hereinafter called Irem C.C., to initiate debit entries to my (our) Checking and/or Savings accounts indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account.

Depository Name: \_\_\_\_\_ Community Bank \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Shavertown, PA 18708 \_\_\_\_\_

Transit / ABA No: \_\_\_\_\_

Account No: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Dues category: \_\_\_\_\_ Monthly payment amt: \_\_\_\_\_