



6000 Clubhouse Dr.
McCook, NE. 69001
308.345.5032

Recurring Payment Authorization Form

Total Membership: \$ _____
4% Transaction Fee: \$ _____
Total to be Collected: \$ _____

I _____, authorize Heritage Hills Golf Corporation to charge my credit card on the 1st of each month for \$ _____ until paid in full. This payment is for my annual golf membership. I understand that there will be a 4% transaction fee to cover all monthly credit/debit card transactions. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

I understand that this authorization will remain in effect until the balance has been paid in full. Therefore, at no point in time shall I stop payment for the months indicated above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. If such an event should arise where withdrawal of funds is denied I shall be responsible for the outstanding balance in full within 30 days of denial.

Billing Information (Debit or Credit Card)

Name on Card: _____

Card Number: _____

Zip Code: _____

Expiration Date: _____

(Printed Name)

(Signature)

(Date)