



Automatic Payment Authorization Member Monthly Statements

Member Name: _____ Member Account # _____

OPTIONS: (Please Select One)

- Automatic Bank Withdrawals
- Automatic Credit Card Charge

CREDIT CARD NOTICE:
All Credit Card transactions are
subject to a 3% Platform Fee.

By signing below, I am authorizing Northfield Golf Club to automatically process payment from my checking/savings account or charge my credit card on the 15th of the month for the prior month's statement balance. I have read and agree to the terms and conditions.

Member Printed Name: _____

Member Signature: _____ Date: _____

Please Return This Form To: Northfield Golf Club Attn: Lisa Yetzer
707 Prairie Street
Northfield, MN 55057

NOTICE: For security purposes the details of the account information below must be submitted via phone or in-person to: Lisa Yetzer–Finance Manager 507-645-4026 Ext 6

Call Lisa @ 507.645.4026 ext 6

FOR OFFICE USE ONLY <<< PLEASE DO NOT FILL IN >>> FOR OFFICE USE ONLY

Automatic Bank Withdrawals Checking Savings

Financial Institution: _____

Routing Number _____ Account Number _____

Automatic Credit Card Charge VISA MasterCard Discover AMEX

Name of Card: _____ Billing Zip Code _____

Card Number _____

Expiration Date _____ Security Code _____

707 PRAIRIE STREET, NORTHFIELD, MN 55057

www.NorthfieldGolfClub.com

507.645.4026