



Bank of America Center

Authorization Form for Electronic Funds Transfer

Member Name: _____ Member Number: _____

Choose one: Checking Savings

Account Number: _____ Routing Number _____

Name of Financial Institution: _____

Address where Bank Statements are sent: _____

Attach a Void Check Here
(no deposit slips accepted)

I authorize Bay Club/Bank of America Center to debit the above account for my monthly dues and personal charges. I understand my account will be debited on or about the 26th of each month. I understand that Bay Club/Bank of America Center will continue to send me a monthly billing statement reflecting my charges and payments and that it is my responsibility to contact the Business Office if the account information changes. I understand that if my account is declined, my membership account will be charged a fee of \$20.00. If my account is decline twice, I understand that I may be removed from Electronic Funds Transfer.

Bay Club/Bank of America Center 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