

**Please select your preferred method of payment for restaurant charge/minimum purchase requirement and return this entire form by November 1, 2011 to:**

**Mail: PO Box 1818, Cicero, New York 13039**

**Fax: 699-1643**

**E-mail: [careyp@ereportscenter.com](mailto:careyp@ereportscenter.com)**

This authorization is to remain in full force and effect for the restaurant minimums and overages. To change payment methods before the debt is satisfied, BMGC will need to receive written notification from me of the modification as to provide BMGC a reasonable time to act on it.

**1) Authorization Agreement for Direct Payments (ACH Debits) from Bank Account**

Company Name: Beaver Meadows Golf & Recreation Association, Inc. aka BMGC

I authorize BMGC to initiate debit entries to my checking/saving account for the (7) monthly minimum restaurant charges (\$75 for family and \$60 for single) and any additional charges that I may incur at the BMGC restaurant. Please use the account indicated on the attached voided check. I acknowledge that the origination of ACH transactions to my account comply with the provisions of the U.S. law.

**Checking (ATTACH VOIDED CHECK)**

Savings Routing Number \_\_\_\_\_ Account number \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

**2) Credit Card Charge Authorization**

I authorize BMGC to charge my credit card listed below for the (7) monthly minimum restaurant charges (\$75 for family and \$60 for single) and any additional charges that I may incur at the BMGC Restaurant.

Credit Card Type (circle one):      MasterCard                      Visa                      American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_