



Diamondhead

GOLF CLUB

**DIAMONDHEAD COUNTRY CLUB AND PROPERTY OWNERS ASSOCIATION, INC.
MEMBER REQUEST FOR AUTOMATIC DRAFT PAYMENT (ACH)**

NAME: _____

MEMBER #: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE #: _____

BANK NAME: _____

BANK ABA #: _____

(Micro encoded numbers, bottom left on check)

ACCOUNT # _____

(Micro encoded numbers to right of ABA #)

ACCOUNT TYPE: CHECKING _____ SAVINGS _____

Attach voided check or savings deposit slip

I hereby authorize Diamondhead Country Club and Property Owners' Association, Inc. ("DHPOA") to draft my account, as noted above, for payment of my *monthly golf membership* payments. I will notify DHPOA immediately of any change in the account to be drafted by completing a replacement form. In the event my draft is returned, I authorize DHPOA to include any processing or late charges in subsequent drafts, and acknowledge that my ability to pay by ACH may be revoked as a result of the returned items. First monthly payment is due upon registration. All subsequent payments will be by automatic draft.

SIGNATURE: _____ **DATE:** _____