

# GOLF MEMBERSHIP ACH AUTHORIZATION FORM

I understand that in furnishing the information requested and signing below, I authorize the City of Gering to withdraw \$\_\_\_\_\_ for my golf membership by electronic funds transfer from the financial institution and account indicated. The authorization will remain in effect until the City of Gering receives a written revocation or a revised authorization form from me in sufficient time to allow the City of Gering to act on that revocation or revision. **I understand that the City of Gering may terminate its ACH service at any time for any reason. At the time that the authorization is cancelled for any reason I understand the remaining balance is due in full.**

**When paying with ACH, an initial payment must be made. The preferred initial payment method is check. If paying with cash, credit card or debit card, a voided check or written proof from the bank with your name, account number and routing number will be required for account verification. ACH will be submitted to the processing bank according to each regularly scheduled payment. Payments will be withdrawn on the date you choose, which will be on the 1<sup>st</sup> or 15<sup>th</sup> of the month. Multiple monthly payments will not be accepted, a maximum of 1 ACH per month will only be allowed. The final payment must be paid by December 15, 2025.**

CUSTOMER NAME (PRINTED) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**SCHEDULED PAYMENT DATES AND AMOUNTS: 1 PMT PER MONTH**

**Initial Payment Amount: \$ \_\_\_\_\_**

	<u>1<sup>ST</sup></u>	<u>15<sup>TH</sup></u>
1) JANUARY 2025	\$ _____	\$ _____
2) FEBRUARY 2025	\$ _____	\$ _____
3) MARCH 2025	\$ _____	\$ _____
4) APRIL 2025	\$ _____	\$ _____
5) MAY 2025	\$ _____	\$ _____
6) JUNE 2025	\$ _____	\$ _____
7) JULY 2025	\$ _____	\$ _____
8) AUGUST 2025	\$ _____	\$ _____
9) SEPTEMBER 2025	\$ _____	\$ _____
10) OCTOBER 2025	\$ _____	\$ _____
11) NOVEMBER 2025	\$ _____	\$ _____
12) DECEMBER 2025	\$ _____	\$ _____

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

CHECKING / SAVINGS  
ACCOUNT TYPE

\_\_\_\_\_  
BANK ROUTING NUMBER

\_\_\_\_\_  
BANK ACCOUNT NUMBER

SIGNATURE

\_\_\_\_\_  
DATE

**IN ORDER FOR THE ACH TO BE PROCESSED, THIS SHEET MUST BE FILLED OUT COMPLETLEY, INFORMATION MUST BE ACCURATE AND ACCOUNT VERIFICATION MUST BE INCLUDED!!**