

ANNUAL GOLF PASS ACH AUTHORIZATION FORM

I understand that in furnishing the information requested and signing below, I authorize the City of Gering to withdraw \$_____ for my annual golf pass 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. The ACH agreement will be cancelled after the 2nd Non-Sufficient Funds (NSF). 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 Payments will be withdrawn on the date you choose, which will be on the 1st or 15th of the month.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, 2026.

CUSTOMER NAME (PRINTED) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

SCHEDULED PAYMENT DATES AND AMOUNTS: 1 PMT PER MONTH PLUS \$1 PROCESSING FEE PER MONTH

Initial Payment Amount: \$ _____

	<u>1ST</u>	<u>15TH</u>
1) JANUARY 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
2) FEBRUARY 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
3) MARCH 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
4) APRIL 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
5) MAY 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
6) JUNE 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
7) JULY 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
8) AUGUST 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
9) SEPTEMBER 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
10) OCTOBER 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
11) NOVEMBER 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____
12) DECEMBER 2026	\$ _____ + \$1 = \$ _____	\$ _____ + \$1 = \$ _____

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!!