WILLOW CREEK GOLF COURSE
935 Park Lane
Le Mars, IA 51031
Phone: (712) 546-6849

AUTO-PAY AUTHORIZATION AGREEMENT
(8-Month)

NAME(S) (please print) _____

ADDRESS _____

CITY, STATE, ZIP _____

YOUR TELEPHONE NUMBER (_____)_____

EMAIL ADDRESS _____

BANK NAME _____ADDRESS_____

BANK CITY, STATE, ZIP _____

BANK BRANCH TELEPHONE NUMBER (_____)_____

FINANCIAL INSTITUTION ROUTING NUMBER _____ **Please check one**

BANK ACCOUNT NUMBER _____ CHECKING __ SAVINGS __

I hereby authorize Willow Creek Golf Course to initiate debit/credit entries to my bank account as shown above for membership, cart shed, and/or trail fees.

Membership Fee $_____

Cart Shed/Trail Fee $_____

Total $_____/Year $_____ Monthly Payment Amount

_____Bank Auto Pay / Family: $955 + $66.85 tax = **$1021.85 ≈ ($127.73/month)**
(pay in 8 equal payments) Couple: $845 + $59.15 tax = **$904.15 ≈ ($113.02/month)**
Single: $685 + $47.95 tax = **$732.95 ≈ ($91.62/month)**

I understand and am obligated to fulfill this eight (8) month commitment. Initial payment will begin on April 10th and completed on November 10th.

Signature_____ Date_____

Signature_____ Date_____

PLEASE ATTACH A VOIDED CHECK.

❖ **A $30 fee will be assessed on any month's return for insufficient funds.**