



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

**AUTO-PAY AUTHORIZATION AGREEMENT**  
**(11-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 ≈ (\$92.90/month)**  
**(pay in 11 equal payments)** Couple: \$845 + \$59.15 tax = **\$904.15 ≈ (\$82.20/month)**  
 Single: \$685 + \$47.95 tax = **\$732.95 ≈ (\$66.63/month)**

I understand and am obligated to fulfill this eleven (11) month commitment. Initial payment will begin on January 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.**