

**AUTHORIZATION AGREEMENT  
FOR  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize SANTA FE SWIMMING CLUB hereinafter called SANTA FE SWIMMING CLUB, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and / or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Electronic account information must be verified with your Financial Institution and/or attach a voided check and/or provide an account verification form from your Financial Institution.**

Depository Account Name \_\_\_\_\_

Checking    or     Savings

Routing Number \_\_\_\_\_                      Account Number \_\_\_\_\_  
(For Electronic Transactions)

Amounts of debit(s) or method of determining amount of debit(s): \$145 – QUARTERLY DUES, \$877.75 – INITIATION DUES FOR NEW MEMBERS. Members will be notified if dues are increased.

Date(s) and/or frequency of debit(s): QUARTERLY - INVOICES DATED 2/20, 5/20, 8/20, & 11/20.

I (we) understand that this authorization will remain in full force and effect until I (we) notify SANTA FE SWIMMING CLUB IN WRITING via PO BOX or EMAIL that I (we) wish to revoke this authorization. I (we) understand that SANTA FE SWIMMING CLUB requires at least 30 DAYS prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_

Authorized Account Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Requirements:**

Company and Account Holder must retain a copy of this Agreement for two years past the last transfer date.