

400 Horsham Rd,  
Horsham, PA 19044

# HORSHAM ATHLETIC CLUB

- EST. 2011 -

## AUTHORIZATION REQUEST FORM

I, \_\_\_\_\_, authorize my bank to  
(print name)  
make my payment by the method indicated below, and post it to my account.

Bank Name \_\_\_\_\_

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Billing Address \_\_\_\_\_

### **\*ADDITIONAL AGREEMENT FOR MEMBERS PROVIDING CHECKING ACCOUNT AS A METHOD OF PAYMENT FOR MEMBERSHIP DUES.**

I understand that with my selection of a checking account for payment of membership dues that in the event that the billing is rejected by my bank, an additional charge of \$20 will be applied along with the monthly dues. The HAC will provide me with written notice if there are insufficient funds.

Payment of any uncollected monthly bill is due immediately in full, regardless of the cause, time lapse or termination status of your membership.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Employee Signature