

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS/WITHDRAWALS

ACH DEBIT

MEMBER NAME: _____

I/We authorize BERKSHIRE HILLS COUNTRY CLUB, hereinafter called "Company," to initiate debit entries and to, if necessary, credit entries and adjustments for any debit entries made in error to my/our _____ checking _____ savings account (select one) indicated below and depository named below, hereinafter called "Depository," to debit and/or credit the same to such account.

DEPOSITORY/BANK NAME: _____

CITY: _____

TRANSIT/ABA NUMBER: _____
(BANK ROUTING NUMBER)

BRANCH LOCATION: _____

STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____ **CHECKING << (CIRCLE ONE) >> SAVINGS**

CHECKING ACCOUNT: PLEASE ATTACH A VOIDED CHECK [if available]

This Authorization Agreement is to remain in full force and effect until either party cancels. ACH withdrawals will process for 10 months consecutively beginning December, _____. The tenth month will include any true-up adjustment. ACH transactions suspend in October and November and resume with revised rates the following December.

MEMBER SIGNATURE _____

DATE _____

Administrative Use Only	
Acct # _____	Entry date _____
Remarks _____	Initials _____