

DIRECT DEBIT AUTHORIZATION FORM

THE RACQUET CLUB OF FORT LAUDERDALE ASSN. INC.

NAME OF YOUR BANK: _____

LOCATION: _____

YOUR CHECKING ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

TOTAL PAYMENT AMOUNT PER PAYMENT PERIOD: _____

START DATE: _____

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR UNIT NUMBER: _____

SIGNATURE: _____

PLEASE ATTACH VOIDED CHECK HERE: