

CINCINNATI TENNIS CLUB

DIRECT DEBIT AUTHORIZATION AGREEMENT

I hereby authorize Cincinnati Tennis Club (CTC) to initiate electronic funds transfer debit entries (EFT) to the following account.

_____ Checking Account

Bank Name _____

Account Number _____

Bank Routing Number _____

PLEASE ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT.

_____ Visa

_____ MasterCard

_____ American Express

Account Number _____

Cardholder's Name _____

Expiration Date _____ Security Code _____

This authority shall remain in full force and effect year after year until CTC has received written notification of cancellation of my membership.

Any account changes must be submitted by the 20th of the month to take effect the following month.

Signature

Printed Name

Date