

# DIRECT PAYMENT VIA ACH AUTHORIZATION FORM

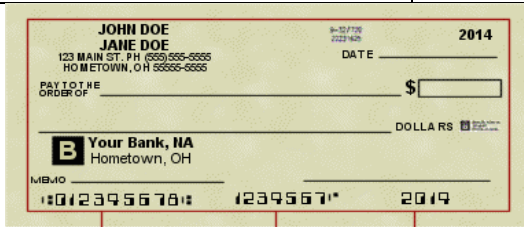
Please complete and return to: Oakwoods Country Club Inc.; 541 Clubhouse Rd, Wilkesboro, NC 28697-8504

Name (s)	
Address	
City, State & Zip	Account No: n/a

Request Type
<input type="checkbox"/> New Authorization
<input type="checkbox"/> Change Financial Institution Account
<input type="checkbox"/> Discontinue

Payment Plan
<p>I (we) hereby authorize <b>OAKWOODS COUNTRY CLUB, INC.</b>, hereinafter called COMPANY, to initiate electronic debit entries to my (our) accounts at the Financial Institution indicated below, and if necessary, credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</p> <p><b>Direct Payment Program</b>                  Each month the full amount of your invoice will be deducted on the 5th of each month. Per NACHA Operating Rules ACH payments may not be taken prior to your due date. The COMPANY has agreed to send an invoice indicating the net amount of each Direct Debit and the date such debit will be taken from my (our) account. The invoice will include the following message: "Do Not Pay if pre arrangements for payments have been made via ACH or Credit Card."</p>

Banking Information		
Financial Institution Name	Branch	Account Number
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank's Routing Transit Number	



**Attach Voided Check Here**

<p>I (we) hereby authorize COMPANY to initiate debit entries to my (our) account at the financial institution listed above this authorization will remain in full force and effect until I (we) notify COMPANY <u>in writing</u> within 15 business days of our intent to either discontinue service or change depository financial institutions and or account numbers. I (we) acknowledge that we are the account holders of record at the financial institution provided in this authorization.</p>
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Authorized Signatures	
Print Name	Print Name
Signature	Signature
Title	Title

Office Use Only					
Date Received:	Prenote Date:	Copy of Notice Mailed:	Debit Start Date:	Debit End Date:	Revocation Date