



Annual Pass Payment Plan Authorization Agreement

I hereby authorize Pinon Hills GC to initiate debit entries to my credit card listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Name _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

All passes require \$100 down upon purchase, then 11 monthly payments:

- Unrestricted - \$100 down, \$65/month
- Spouse - \$100 down, \$50/month
- Restricted - \$100 down, \$53/month
- Spouse - \$100 down, \$34/month

Credit Card # _____ Exp. Date _____

Type of Card _____ Security Code (3 digits) _____

NOTICE: This is an agreement for an annual pass to be paid in (11) payments, and once the agreement has been signed, there is no opt-out for future payments. The applicant is bound to the entire amount of the annual pass. In other words, the applicant may not pay (2) of the payments and then decide to drop the annual pass. All (11) payments will be automatically debited from the account above. In the event the funds are unavailable, Pinon Hills Golf Course will use any means necessary to collect the funds.

Authorized Signature _____ Date _____

Pinon Hills Staff Signature _____

Date _____