

### Authorization Agreement for Electronic Funds Transfer (EFT)

NAME (PLEASE PRINT): \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**REQUIRED:** E-MAIL ADDRESS (27 characters or less): \_\_\_\_\_

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### ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT TYPE: (circle one)      Checking      Savings

ACCOUNT NUMBER

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TRANSIT ROUTING NUMBER (number on the bottom of your check at the extreme left inside special characters;  
**to avoid errors, please verify this number with your bank.**

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I hereby authorize Aspen Racquet Club LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. I also authorize the financial institution indicated above to credit and/or debit the same to such account. This authorization is to remain in full force and effect until it is replaced by me with another authorization agreement or until I notify ARC in writing that I wish to terminate this agreement or until ARC terminates this agreement for lack of activity.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ATTACH A VOIDED BLANK CHECK FROM YOUR ACCOUNT**

**NOTE: BANK ROUTING NUMBER MUST BE CONFIRMED BY YOUR BANK**

**Positions Below May Be Different Than What Is On Your Check**

**EXAMPLE:**

(See NOTE Above)

**Routing No.**  
**999999999**

**Account No.**  
**999999999999**

**Check No.**  
**9999**