



**PEMBROKE PINES COUNTRY CLUB**  
**Monthly Recurring Credit Card Payment Form**  
**Direct Withdrawal Authorization Agreement**

I, \_\_\_\_\_, HEREBY GIVE  
AUTHORIZATION TO PEMBROKE PINES COUNTRY CLUB TO AUTOMATICALLY DEBIT  
FROM MY CREDIT CARD \$ \_\_\_\_\_, THE BALANCE DUE FOR MY 2021 GOLF  
MEMBERSHIP AS FOLLOWS:

January 1, 2021 \$ \_\_\_\_\_

February 1, 2021 \$ \_\_\_\_\_

March 1, 2021 \$ \_\_\_\_\_

Credit Card  Debit Card

Credit Card Type: Visa  Master Card  Discover  AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Billing Address (where you receive your credit card statement):

\_\_\_\_\_

\_\_\_\_\_

**I understand and agree that I cannot cancel this agreement. If for any reason I default on this agreement, I shall be responsible for all legal and/or collection expenses incurred by Pembroke Pines Country Club to collect the balance due. There will be a \$10.00 late fee charged on all payments not paid after 15 days of due date.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_