

ACH DEBIT AUTHORIZATION FORM



All information must be completed fully.

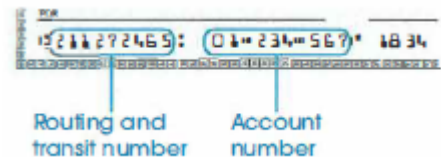
Please contact our Accounting department directly at 202-406-1260 with any questions.

Member Information

Member Number: _____

Member Name: _____

I, _____, authorize the Capitol Hill Club to charge the checking / savings account indicated below for payment of my monthly charges due. I understand that this amount will be charged on or around the 15th of each month.



Bank Name: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Bank Routing #: _____

Signature

Date

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Capitol Hill Club in writing of any changes in my account information or termination of this authorization at least 15 days prior to the payment date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. A \$35 fee will be charged for all returned or cancelled ACH payments.

Email for remittance and forms: ACH@capitolhillclub.org