

Springfield Golf Center

ACH/Credit Card Authorization Agreement

Date: ___/___/___

I/We, The Undersigned, Acknowledge MIJO Corporation D/B/A Springfield Golf Center (Springfield) Has Granted Me/Us All The Rights Of A Paid Player In Good Standing For The Green Fees Pass Plan (Pass Plan) Indicated Below, In Consideration For My/Our Promise To Pay Said Pass Plan Fee Over Time As Described Henceforth. By Remitting 20% Of The Full Pass Plan Rate, As Stated In Springfield's Pass Plan Application, Up Front And Executing This Agreement, I/We Acknowledge My/Our Commitment To Make The Requisite Payments Indicated Below Until My/Our Pass Plan Balance Is PAID IN FULL. I/We Hereby Authorize Said Payments To Be Withdrawn Via An ACH Debit Entry Against My/Our Bank Account Or Charged To My/Our Credit Card. I/We MAY NOT CANCEL MY/OUR OBLIGATION TO PAY THE BALANCE DUE FOR ANY REASON WHATSOEVER, Although I/We Am/Are Aware I/We May Stop Or Suspend These ACH/Credit Card Charges At Any Time, Provided I/We Notify Springfield In Writing, At 855 Jacksonville Road, Mount Holly, NJ 08060, Thirty (30) Days In Advance. In The Event I/We Exercise My/Our Right To Stop Or Suspend ACH/Credit Card Charges, I/We Am/Are Aware The Balance Due On My/Our Pass Plan, If Any, Is Due Immediately Upon Demand, Unless, In The Sole Discretion Of Springfield, Another Method Of Payment Is Accepted By Springfield, In Writing. Further, In NO Way Whatsoever Does My/Our Right To Stop Or Suspend These ACH/Credit Card Charges Relieve Me/Us Of My/Our Obligation To Pay Any Remaining Balance Due On My/Our Pass Plan. Additionally, I/We Acknowledge Failure To Make Payment(s) In A Timely Manner, Will Result In Suspension Or Revocation Of My/Our Playing Privileges, But In NO Way Relieves Me/Us Of My/Our Obligation To Pay The Balance Due. I Understand If The ACH Debit Entry Or Credit Card Transaction Is Returned For Non-Sufficient Funds Or If The Account Is Closed Or If Payment Is Refused For Any Other Reason, I/We Will Be Charged \$25.00 Per Occurrence And Collection Actions May Be Taken. Lastly, When My/ Pass Plan Is Deemed To Have Been Paid In Full, This ACH/Credit Card Agreement Shall Terminate And Lose Affect.

Last Name, First Name (Please Print)		Signature	
Last Name, First Name (Please Print)		Signature	
Street Address		City	State
Home Phone No.		Cell Phone no.	Email Address

Pass Plan Type, Withdrawal/Due Date, And Amount

Select One	Membership Type	03/01/2022	04/01/2022	05/01/2022	06/01/2022	07/01/2022	08/01/2022
<input type="checkbox"/>	Unlimited Single	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00	\$170.00
<input type="checkbox"/>	Afternoon Unlimited	\$106.67	\$106.67	\$106.67	\$106.67	\$106.67	\$106.67
<input type="checkbox"/>	Weekday Single	\$123.33	\$123.33	\$123.33	\$123.33	\$123.33	\$123.33
<input type="checkbox"/>	Unlimited Family*	\$230.00	\$230.00	\$230.00	\$230.00	\$230.00	\$230.00
<input type="checkbox"/>	Weekday Family*	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00
<input type="checkbox"/>	Senior Membership	\$113.33	\$113.33	\$113.33	\$113.33	\$113.33	\$113.33
<input type="checkbox"/>	Junior Membership	\$63.33	\$63.33	\$63.33	\$63.33	\$63.33	\$63.33

*These Payments Shall Be Increased Accordingly, If Additional Family Members Are Added To The Respective Family Plans.

Financial Institution Info. For ACH Transactions	Credit Card Information For Credit Card Charges
Bank Name:	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Bank Address:	Credit Card No.:
Bank City, State, Zip:	Security Code:
Bank Phone:	Expiration Date:
Type Of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name On Card:
Routing/Transit No.:	Billing Address For Card:
Account No:	