

LaSalle Golf and Country Club

Set Up Monthly Payments

By Credit Card

Your Name on Credit Card: _____

Your Address (Where credit card is mailed): _____

City: _____ State ___ Zip _____

Phone: Home/Business _____ Cell: _____

Email Address: _____

Type of Credit Card: (Visa, Mastercard, Discover) _____

Credit Card Number: _____

Expiration Date (MM/YY): ____/____ CVC# _____
(Three numbers on back of Credit Card)

- By checking this box I give LaSalle Golf and Country Club permission to charge the above credit card for my Membership Dues each month.
- By checking this box I give LaSalle Golf and Country Club permission to charge the above credit card for my Cart Shed Dues each month.
- By checking this box I give LaSalle Golf and Country Club permission to charge the above credit card for my charged Pro Shop and Tournament Fees for each month.

I understand that I can cancel this service by contacting the Pro Shop or by written request mailed to LaSalle Golf and Country Club, P O Box 2736, Jena, Louisiana 71342.

Signed: _____

Date to start this service MM/DD/YYYY: _____