1st Credit Card

Marquette Golf Club

2017 Recurring Payment Authorization

Office Use Only

Total $_____

 # Payments_____

_____
Member Name

_____
Phone Number

_____
Credit Card Number

_____ _____
Expiration Type

_____

By signing this, I authorize regularly scheduled charges from the above credit card account in the amount of $_____ from_____to _____ 2017, to be taken out on or around the 1st of each month, ending no later than December 15, 2017. I agree to a $5.00 processing fee for each transaction. If I stop payment or if payment is not collectible within 5 days after it is due each month, the entire balance is immediately due and payable to the Marquette Golf Club.

_____
Member Authorization Signature Date

Marquette Golf Club
1075 W. Grove Street, P.O. Box 276
Marquette, MI 49855 (906) 225-0721