



ACH-EFT AUTHORIZATION

Member Name _____

Member Address _____

Home Phone _____

Business Phone _____

Member Number _____

I authorize the Columbia Club to charge the following amount through my bank account by ACH-EFT:

Select One:

_____ My Columbia Club balance in full each month

_____ This amount \$_____ one time

I authorize the indicated amount to be charged to the following credit card. I understand that this amount will be charged on the 15th of each month. This decision can only be changed by completing a new form either in person or by mail.

ACH-EFT

Name _____

Bank Name _____ Type of Account _____

Account Number _____ Routing Number _____

Authorized Signature _____ Date _____



CREDIT CARD AUTHORIZATION

*ALL CREDIT CARD TRANSACTIONS ARE SUBJECT TO A 3% CONVENIENCE FEE

Member Name _____

Member Address _____

Home Phone _____

Business Phone _____

Member Number _____

I authorize The Columbia Club to charge the following amount to my credit card:

Select One:

_____ My Columbia Club balance in full each month

_____ This amount \$ _____ one time

I authorize the indicated amount to be charged to the following credit card. I understand that this amount will be charged on the 15th of each month. This decision can only be changed by completing a new form either in person or by mail.

CREDIT CARD

VISA MasterCard American Express Discover

Cardholder Name _____

Card Number _____ Expiration Date _____ GSV _____

Billing Address _____

Authorized Signature _____