



## Recurring Payment Authorization Form

Please complete the information below:

Member Name \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_

**Please bill me:**

☐ Annually (prorated through June 30th)

☐ Monthly (first month prorated)

**Checking/ Savings Account**

**OR**

**Credit/Debit Card\***

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Bank Routing # _____	
Account Number _____	

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Card Number _____	
Exp. Date _____ Security Code _____	

☐ Please check here if you would prefer NOT to keep your info on file for future recurring payments.\*

**\*Recurring Payments Will Make Your Life Easier**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account or credit/debit card. Your checking/savings account or credit/debit card will be charged on or about the 8<sup>th</sup> business day of each month for the amount due. A receipt for each payment will be emailed to you and the charge will appear on your bank/credit card statement.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Princeton Club of NY in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The Princeton Club of NY may at its discretion attempt to process the charge again within 30 days. 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 credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. \*All payments made via credit card will be subject to a \$5.00 +tax administrative fee.

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