



Fairfield Bay Community Club

Pre-Authorized Check (PAC) Form
Authorization Form

Name
Street Address
City, State, Zip Code

Owner ID#
Total Amount \$
Billing Cycle
Start Date

Prop Loc#
Amount \$
Prop Loc#
Amount \$
Prop Loc#
Amount \$
Prop Loc#

AUTHORIZATION

I (we) authorize the Financial Institution named below to pay and charge the amounts due under the contract described above, payable to and drawn by Fairfield Bay Community Club, Inc. I agree that each payment shall be the same as if it were an instrument personally signed by me.

This authorization is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge in a timely notification to my Financial Institution prior to charging my account. I understand that both Fairfield Bay Community Club and the Financial Institution named reserve the right to terminate this payment plan or my participation therein.

Note: Please allow 21 days for processing. If any unpaid balance exists on your account or PAC payment is to be dishonored during an authorized transfer, please attach a check for the balance. The account can be drafted up to seven days after the start date listed above.

FINANCIAL INSTITUTION

CITY, STATE, ZIP

SIGNATURE OF DEPOSITOR AS SHOWN ON BANK RECORDS

DATE

RETURN TO: Fairfield Bay Community Club, Inc.
P.O. Box 1370
Fairfield Bay, AR 72088

Phone: 501-884-6014

ATTACH A VOIDED BLANK CHECK (WITH ACCOUNT NUMBER MICRO ENCODED)
FROM THE ACCOUNT TO BE AUTOMATICALLY DRAFTED