

**Please select your preferred method of payment for restaurant charge/minimum purchase requirement and return this entire form by March 15, 2016 to:**

**Mail: Duncan Ironside, Apartment 3, 109 West Walnut Street, Oneida, NY 13421**  
**E-mail: [dironside@twcny.rr.com](mailto:dironside@twcny.rr.com)**

This authorization is to remain in full force and effect for the restaurant minimums and overages. To change payment methods before the debt is satisfied; Bogey's at Beaver Meadows will need to receive written notification from me of the modification as to provide a reasonable time to act on it.

**1) Authorization Agreement for Direct Payments (ACH Debits) from Bank Account**

Company Name: Bogey's at Beaver Meadows (known as BBM)

I authorize BBM to initiate debit entries to my checking/saving account for the (7) monthly minimum restaurant charges (\$75 for family and \$60 for single) and any additional charges that I may incur at the restaurant. Please use the account indicated on the attached voided check. I acknowledge that the origination of ACH transactions to my account comply with the provisions of the U.S. law.

**Bank Account Type (circle one)                      Checking (ATTACH VOIDED CHECK)                      Savings**

**Routing Number** \_\_\_\_\_ **Account number** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Member Number** \_\_\_\_\_

**2) Credit Card Charge Authorization**

I authorize BBM to charge my credit card listed below for the (7) monthly minimum restaurant charges (\$75 for family and \$60 for single) and any additional charges that I may incur at the restaurant.

**Credit Card Type (circle one):      MasterCard                      Visa                      American Express**

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Print Cardholder's Name:** \_\_\_\_\_ **Member Number** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY:			
QB	XL	DD	MP
_____	_____	_____	_____