

Please select your preferred method of payment for restaurant charge/minimum purchase requirement and return this entire form by April 15, 2018 to:

**Mail to: Brent and Nancy Erwin 6184 Meadow Drive Cicero, NY 13039
or Email to: Grotto101@gmail.com**

Member Email Address: _____

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; The Grotto Grille 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: The Grotto Grille at Beaver Meadows

I authorize Grotto Grille 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 Grotto Grille 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:** _____