South Regency Tennis Center LLC
TENNIS & FITNESS CENTER · MIAMISBURG, OHIO

3020 West Tech Road, Miamisburg, OH 45342
(937) 885-5000 · contact@southregencyonline.com

Payment Authorization

Required for every membership, and satisfies the EFT authorization called for in your Membership Agreement. Choose one payment method, sign, and hand this form in at the front desk.

MEMBER

MEMBER NAME, AS ON THE MEMBERSHIP AGREEMENT	MEMBERSHIP TYPE
BILLING ADDRESS	DAYTIME PHONE

PAYMENT METHOD — CHOOSE ONE

☐ **A — Bank account (ACH)** ☐ **B — Credit or debit card** Complete only the section you have selected.

OPTION A — BANK ACCOUNT

NAME OF ACCOUNT HOLDER	FINANCIAL INSTITUTION	ACCOUNT TYPE ☐ Checking ☐ Savings
ROUTING NUMBER, 9 DIGITS	ACCOUNT NUMBER	ATTACH A VOIDED CHECK — NOT A DEPOSIT SLIP

OPTION B — CREDIT OR DEBIT CARD

NAME EXACTLY AS PRINTED ON THE CARD		CARD TYPE ☐ Visa ☐ MC ☐ Amex ☐ Disc
CARD NUMBER	EXPIRATION DATE (MM / YY)	SECURITY CODE
BILLING ZIP CODE	BILLING ADDRESS ☐ Same as the address above ☐ Different — write it on the reverse	

AMOUNT AND SCHEDULE

Amount per payment $ _____	**Frequency** ☐ Monthly ☐ Annually	**First payment on or after** ____ / ____ / _____

AUTHORIZATION

I authorize South Regency Tennis Center LLC (“SRTC”) to charge the account or card identified above on a recurring basis for the membership dues and any other amounts I owe under my Membership Agreement, and I authorize my financial institution or card issuer to honor those charges. I understand that monthly payments accrue a finance charge of 10 percent per annum, and that my membership runs a 12-month term which renews annually unless terminated in writing at least 30 days prior to the renewal date.

This authorization remains in effect until SRTC receives written notice from me of its termination, given in such time and manner as to allow SRTC and my financial institution or card issuer a reasonable opportunity to act on it. Terminating this authorization does not by itself terminate my Membership Agreement or relieve me of amounts owed under it. If a payment is returned or declined, I agree to pay any fee charged by SRTC, my financial institution or my card issuer. I will notify SRTC promptly if my account or card details change. I certify that I am an authorized signer on the account or cardholder of the card identified above.

_____ _____

SIGNATURE OF ACCOUNT HOLDER OR CARDHOLDER DATE

KEEPING YOUR DETAILS SAFE. Please hand this form in at the front desk in person. Do not email it, photograph it or send it by text. SRTC enters your details directly into its payment system, then destroys the card portion of this form. The security code is used to set the card up and is never retained.

CLUB USE ONLY

ENTERED INTO PAYMENT SYSTEM BY	DATE ENTERED	CARD DETAILS DESTROYED ON