



2020

Name _____
Address _____
City _____ State _____ Zip _____
e-Mail _____
Daytime Phone Number _____
Alternate Phone Number _____

**Automatic Credit Card Charge
Golf Course Payments**

Credit Card Number _____

Credit Card Name _____ Expiration _____ Security Code _____

I authorize the City of Missouri City and the financial institutions listed above to automatically debit my bank account or charge my credit card for Golf Course or Grille payments. I understand that it is my responsibility to notify the City of Missouri City, in writing, if I make any changes to this agreement, or if I close this bank account. This authorization will be in effect until the end of the term of the for which the agreement was signed. **This agreement acknowledges that I am responsible for the account number(s)** above and will indemnify the City against any loss or damage from delayed payments resulting from incorrect or incomplete information. There is a \$30 non-sufficient fund charge on all returned items, which must be paid with the original amount.

Signature _____ Date _____

FOR CITY USE ONLY

Reviewed by _____ on _____
name date