



2020

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

**Automatic Credit Card Charge
Golf Course Payments**

Monthly Amount Charged to Credit Card _____

Credit Card Name _____
Credit Card Number _____ 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 payments on the 1st day of each month. 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 annual pass 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