

Monthly Payment Agreement Contract

Name: _____ Phone Number: _____

Address: _____

City, State, Zip: _____

(Golfer #2) Name: _____

(Golfer #3) Name: _____

(Golfer #4) Name: _____

Family pass includes 2 adults and dependents under the age of 18. Pokegama Golf Course owned carts may only be operated by those age 18 and older.

Season Green Pass	Season Range Pass	Cart Use Pass
<input type="checkbox"/> Family Pass - \$1056.99	<input type="checkbox"/> Family - \$267.19	<input type="checkbox"/> Two Seats - \$758.81
<input type="checkbox"/> Single Adult Pass - \$693.62	<input type="checkbox"/> Single - \$197.72	<input type="checkbox"/> One Seat - \$320.63
<input type="checkbox"/> Young Adult Pass (Ages 19-24) - \$319.56	<input type="checkbox"/> Young Adult (19-24) - \$106.88	<input type="checkbox"/> Personal Cart Trail Fee - \$480.94
<input type="checkbox"/> Junior Pass (Ages 10-18) - \$105.81	<input type="checkbox"/> Junior Pass (10-18) - \$53.44	

PAYMENT AUTHORIZATION

☐ One Time Payment

☐ Monthly Payment Plan

By initialing below and signing this agreement, I hereby authorize City of Grand Rapids / Pokegama Golf Course (hereinafter Pokegama Golf Course) or its assigns or affiliated companies to charge, or to initiate transfer from, the account designated above for the purpose of making the recurring monthly payments I owe to Pokegama Golf Course on or around the 1st of the month until all of my obligations are paid under the agreement. I understand that my obligation under this agreement includes my recurring monthly fees, service fee for uncollectable monthly fees, applicable taxes, charges and any other unpaid fees or dues including past unpaid dues and fees. This authorization will remain in full force and effect during the term of this membership agreement. I confirm that I am authorized under the terms of the applicable agreement with my financial institution to use the account designated for the purchase of good and services from Pokegama Golf Course and agree to comply with the financial institution's agreement at all times this authorization is in effect. I further agree that should I terminate this direct payment authorization, that upon such termination I owe to and shall immediately pay to the Pokegama Golf Course the unpaid balance of the season pass/cart lease/range pass charges, and until paid in full shall have not have any golfing privileges at the Pokegama Golf Course.

Signature: _____ Date: _____

- To cancel your monthly payment and stop the monthly billing on the 1st of each month, the city requires written notification a minimum of 30 days.
- I recognize that Pokegama Golf Course can terminate this agreement at anytime, for any reason.
- A \$10 service fee will be applied for each month your monthly pass payment is returned uncollectable including, but not limited to, non-sufficient funds, expired credit cards, cancelled credit cards, overdrafts and closed accounts.
- **Cancellation & Billing Policies:** I have read and understand the cancellation rights and billing policies on this agreement. _____ (Initial)

Name on Account: _____ Card Type: _____

Card #: _____ Expiration: _____ Security #: _____

