



The South Barrington Club ♦ 3 Tennis Club Lane ♦ South Barrington, IL 60010
Phone: (847) 381-2570 ♦ Fax: (847) 381-4697 ♦ www.sbpd.org

Electronic Funds Transfer (EFT) Authorization Form

Member Name: _____ Account #: _____

I authorize my bank to make my payment by the method indicated below, and post it to my account at the South Barrington Club.

Checking Account (please attach a voided check)

Bank Name: _____
Bank Address: _____
City/State/Zip: _____

Credit Card

American Express Visa MasterCard

Account # _____

Expiration Date: ____ / ____

Card Identification Digit: (Located on the back of the card, on the signature line) ____

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will send the information in writing to the South Barrington Club. Changes of payment method will not affect other provisions and terms of my contract.

Signature: _____ Date: _____