AUTHORIZATION FOR AUTOMATIC PAYMENTS FROM BANK ACCOUNT

My Name:	Name of Company Initiating Payments ("Company"): **MARIN TENNIS CLUB**

My Bank's Name & Branch:	My Bank's City, State & Zip:	My Customer Account No. with company: [MTC Membership Number]

My Bank Account No:	My Bank's Routing Number (from checks):	Payment Frequency: √ Monthly	Approximate Date of First Automatic Payment:

Amount of Each Payment to be between:	$ _____	and	$ _____

I hereby authorize Company and its bank, Bank of Marin ("Bank of Marin") to initiate withdrawals ("debits") from my __ checking/ __ savings account ("My Bank Account") identified above at My Bank through the Automated Clearing House system. These debits are to be processed beginning on the date indicated above. If this date, or the same day of the month during which a subsequent debit is to be processed, is not a banking day on which the debit can be processed, the debit should be processed on the banking day before or after the scheduled date, at Company's option. I also authorize Company to initiate deposits ("credits") to My Bank Account to correct any errors that may have been made with debits from My Bank Account. I authorize My Bank to process these debits from and credits to my Bank Account.

This authorization will remain effective until I give Company written notice to the contrary and Company has had a reasonable period of time to act on that notice. My revocation of Company's authority to initiate debits to My Bank Account will not affect Company's right to initiate credits to My Bank Account to correct or adjust a debit processed before my revocation of authority has become effective.

I Warrant to Company, Bank of Marin and My Bank that [check one]:		Today's Date:
___ Only my signature is needed on this authorization to make it effective for My Bank Account.	___ Everyone whose signature is needed on this authorization to make it effective for My Bank account has signed it	My Signature
		Signature of Other Required Signer(s)