

Nordic Club



Health & Fitness at

The Nordic Inn

227 Main Street, P.O. Box 6, Lincoln, NH 03251
603-745-8866 • thenordicclub.com • email: thenordicclub@yahoo.com

PREAUTHORIZED DEBIT AGREEMENT

I (we) hereby authorize **Nordic Inn Condominium Owners' Association (The Nordic Club)**:

- To initiate a debit in the amount of \$_____ * from my (our) account number _____ Checking _____ Savings _____ (select one), at the Financial Institution indicated below.

***I understand that if this amount changes, I will receive written notification 10 days prior to the initiation of the new debit amount**

Financial Institution Name _____

Address _____

Transit/ABA Number _____

**** Please attach a VOIDED check (or withdrawal/payment ticket) to this form ****

I (we) also agree that **Nordic Club** may charge my (our) account any debit/credit entries initiated by **Nordic Club**, which may be returned or rejected by any receiving bank and any other miscellaneous fee or charge which may be applicable as defined in the Terms and Conditions of the account. I (we) acknowledge that the origination of Preauthorized Debit transactions from my (our) account must comply with the provisions of US law.

This authority is to remain in full force and effect until **Nordic Club** and the Financial Institution indicated above have received written notification from me (or either of us) of its termination in such time and manner as to afford **Nordic Club** and the Financial Institution indicated above a reasonable opportunity to act on it and as set forth in the Nordic Club Membership Agreement.

Account Title: _____

Signature(s): _____

Date: _____

Received By: _____

Revised 10/2010