

Belvedere Golf Club Inc.

Memberships are 50% due on or before opening day and the remainder due on May 15th.

If you wish to pay in alternative installments, please see below.

Pay your membership dues monthly by credit card; pre authorized debit, or post dated cheques (OAC). There will be no interest charges provided payments process as scheduled. There will be no additional charges for post dated cheques.

Member Name: _____ **Date:** _____

Process Monthly in 5 installments, April to August, Dues \$ _____ plus \$15= \$ _____

Process Monthly in 3 installments, April to July, Dues \$ _____ plus \$10= \$ _____

Credit Card Number _____ **Expiry Date** _____

Authorized Signature: _____

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Belvedere Golf Club Inc., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Belvedere Golf Club account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 5th day of each month. Belvedere Golf Club will provide 10 days written notice of the amount of each regular debit. Belvedere Golf Club will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Belvedere Golf Club Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. Belvedere Golf Club may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

Bank Name: _____ **Bank Account #** _____

Transit Number _____ - _____ **(Branch 5 digits; Bank ID # 3 digits)**

Please attach void cheque

Authorized Signature(s): _____

Belvedere Golf Club Inc.

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