CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

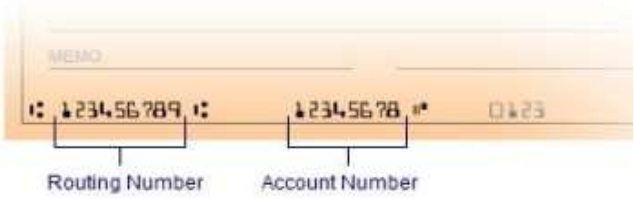
I (we) authorize The Golf Club at Palmira, Inc. to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits to my (our)
❑ Checking Account ❑ Savings Account *(select one)* at the depository financial institution named below.

I (we) agree that the ACH transactions I (we) authorize will be governed under the rules of the National Automated Clearing House Association (NACHA), as amended from time to time.

Depository Name _____

Routing Number _____

Account Number _____



The amount to be debited shall be the total Amount Due as shown on the Quarterly Statement provided by The Golf Club at Palmira, Inc., and the debit will occur on the ❑ 15th ❑ 26th *(select one)* of the month in which the statement is generated. In the event the selected date is a non-business date, the next available business date will be used.

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Golf Club at Palmira, Inc. in writing at 28501 Matteoti View, Bonita Springs, FL 34135 that I (we) wish to revoke this authorization. I (we) understand for such revocation to be effective that notification must be received at least three business days prior to the next scheduled debit.

Name(s) _____
(Please Print)

Member Number _____

Signature(s) _____

Date _____