



**FAIRFIELD GLADE COMMUNITY CLUB  
BILLING ELECTION AND  
PRE-AUTHORIZED PAYMENT FORM**

*No statement charges. Save up to \$21 per year.*

Contact Email: memberrecords@fairfieldglade.cc

PO Box 2000 Fairfield Glade, TN 38558  
Telephone (931) 484-3780 Fax (931) 484-3747

\_\_\_\_\_ FG Member #

I (we) in recognizing the advantages of less frequent billings both to me and to the Community Club, request to be billed for Community Club dues, assessments, sewer, and garbage pickup (if applicable) on the schedule indicated below:

**PRE-AUTHORIZED BANK DRAFT**

- Annual Bank Draft
- Quarterly Bank Draft
- Monthly Bank Draft

You **MUST** complete all information requested below. Please attach a copy of a voided check. Once this form is processed, statement charges of \$1.75 per billing cycle will be waived as long as draft is in place.

_____	_____		
Print Name	Print Correct Mailing Address		
_____	_____		
City, State, Zip	Email Address ( ) Email Statement Requested		
_____	_____		
Home Telephone Number	Property #1	Property #2	Property #3

**AUTOMATIC BANK DRAFTS:**  
**PLEASE ATTACH A "VOIDED" CHECK TO THIS FORM**

**X** \_\_\_\_\_  
Signature of depositor as shown on bank records

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Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) as Appear on Account \_\_\_\_\_

I (we) authorize the Financial Institution named below to pay and charge to my account the amounts due under the Declarations of Covenants & Restrictions of the Fairfield Glade Community Club. These fees are subject to change annually. I agree that each such payment shall be the same as if it were an instrument personally signed by me. This authorization is to remain in effect until revoked by me. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to withdrawal of payment. I understand that both Fairfield Glade Community Club and the Financial Institution named reserve the right to terminate this payment plan or my participation therein.

- \* The payment herein authorized will be drawn against the account on the first business day after the tenth (10th) day of the payment period which I have chosen above. (normally the 11th day of the month)
- \* This form must be submitted at least 15 days prior to payment due date to allow sufficient time for processing.

**X** \_\_\_\_\_  
Signature of Property Owner/Member

\_\_\_\_\_ Date