



**SOMERSETT**  
*Golf & Country Club*

## Membership Change of Plan Agreement

**2023**

## Membership Change of Plan Agreement

**Member Name:** \_\_\_\_\_

Please accept my change of membership plan to the following category:

Current Membership Plan (Select One)	New Membership Plan (Select One)
<p><b><u>Golf Memberships</u></b>                      Full Access <input type="checkbox"/>                      Senior Emeritus <input type="checkbox"/>                      Weekday Access <input type="checkbox"/></p> <p><b><u>Social Memberships</u></b>                      Social Non-Resident Membership <input type="checkbox"/></p> <p><b><u>Corporate Memberships</u></b>                      Corporate Membership <input type="checkbox"/></p>	<p><b><u>Golf Memberships</u></b>                      Full Access <input type="checkbox"/>                      Senior Emeritus <input type="checkbox"/>                      Weekday Access <input type="checkbox"/></p> <p><b><u>Social Memberships</u></b>                      Social Non-Resident Membership <input type="checkbox"/></p> <p><b><u>Corporate Memberships</u></b>                      Corporate Membership <input type="checkbox"/></p>

Dues and Fees (See page 4 for details)	Current	New
Monthly Membership Dues		
Optional Fees		
Other		
<b>Total Monthly Dues and Fees</b>		

### Monthly Club Charges - Credit Card Information – (Visa, MasterCard, Discover and AMEX)

Please Note: If paying via Credit Card, a monthly credit card processing fee of \$16 will be applied to your account.

Card Type	Name on Card	Credit Card Number	Expiration

If you prefer your monthly dues and charges applied to your credit card, please authorize below:

Signature of Card Holder	Date

Terms: This agreement shall be for a term beginning Month \_\_\_\_\_,

Year \_\_\_\_\_ and automatically renew for one year, unless the Club or the Company receives a thirty (30) day written notice prior to resigning.

If the Applicant is married, both the Applicant and his/her spouse must also sign below.

Signature of Applicant:	
Printed Name	
Date	

Signature of Spouse	
Printed Name	
Date	

This Membership Change of Agreement is not binding upon the Club until the acceptance below is signed by the Company.

Approved and Accepted:  
Company: Somerset Golf and Country Club, Inc.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Somerset Country Club, Inc.  
2019 Championship Trail  
Reno, NV 89523  
PHONE: 775-787-1800**

**AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)-FOR MEMBERS**

**CHECK ONE:**

ADD <input style="width: 50px;" type="checkbox"/> (New Participant)	CHANGE <input style="width: 50px;" type="checkbox"/> (Financial Institution &/or Acct#)	DELETE <input style="width: 50px;" type="checkbox"/> (Cancel Participation in Program)
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I (We) hereby authorize Somerset Country Club, Inc. to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

I (we) are aware that this information will be provided to Somerset Country Club, Inc., Somerset Country Club's financial institution Meadows Bank and Somerset Country Club's software vendor. Meadows Bank is in compliance with the NACHA Operating Rules. As the originator I (we) acknowledge and agree to be bound by the Rules of NACHA and understand that entries may not be initiated in violation of the laws of the United States. For a copy of the NACHA Operating Rules visit [www.nacha.org](http://www.nacha.org).

DEPOSITORY FINANCIAL INSTITUTION:		BRANCH:
CITY:	STATE:	ZIP CODE:

TRANSIT ROUTING NUMBER (9 DIGITS)	ACCOUNT NUMBER INFORMATION																											
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PLEASE INDICATE: (PUT AN "X" NEXT TO ACCOUNT TYPE)  
CHECKING \_\_\_\_\_ OR SAVINGS \_\_\_\_\_

This authority is to remain in full force and effect until Somerset Country Club, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Somerset Country Club, Inc. and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) - Please Print	SOCIAL SECURITY NUMBER
ADDRESS (include city, state, zip code)	
SIGNATURE	DATE
X	

THIS FORM IS TO BE RETAINED BY THE SOMERSETT COUNTRY CLUB, INC. AND A COPY PROVIDED TO MEMBER

**\*\*Please attach a voided check in this area for account validation.\*\***