



Dear Member,

Holly Hills is offering Automatic Bill Payment for your convenience. If you choose to participate, we will initiate a withdrawal from your checking or savings account on or about the 22nd of each month. This will give you time to receive and review your monthly statement before the withdrawal is made. If you would like to take advantage of this service, please complete the Authorization Agreement below and return it by mail or fax (301) 698-8966. Please feel free to contact our Controller, Michele Poulos, with any questions.

Sincerely,

Mike Barrett
General Manager

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Holly Hills Country Club (HHCC, LLC)

I (we) hereby authorize , Holly Hills Country Club hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

Name(s) _____ Member Number _____
(Please Print)

Date _____ Signature _____

NOTE: ALL DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

HOLLY HILLS COUNTRY CLUB

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