



## Wedgwood Country Club Monthly Billing Agreement

It is acknowledged by me, \_\_\_\_\_, (the plan holder) that on this date \_\_\_\_\_, (Plan Start Date) I have agreed to be bound by the Wedgwood Country Club (WCC) Monthly Billing Agreement and agree to pay my Greens Fee Discount Plan (GFDP) fees along with a small monthly convenience fee in twelve (12) equal monthly payments.

I understand and agree that by signing this agreement I have committed myself to remaining a plan holder of WCC for a minimum of one (1) full year (twelve consecutive months) and agree to pay the entire yearly GFDP amount in twelve (12) equal monthly payments regardless of my GFDP usage or standing in the club at any time. I further understand and agree that my GFDP will automatically renew under the same GFDP category for another full year and under the same terms of this agreement unless I have notified WCC, in writing, of my election to change/cancel my GFDP no less than thirty (30) days prior to my GFDP Expiration Date (which is one (1) full year (twelve (12) months), from the above referenced "Plan Start Date".

I further understand and agree that the GFDP Amount for a/an \_\_\_\_\_ GFDP (the plan of my choosing) is \$ \_\_\_\_\_ dollars per year and will be billed in twelve (12) equal monthly installments along with a small monthly convenience fee for a total monthly fee of \$ \_\_\_\_\_ dollars per month. I further understand and agree that if I do not elect to cancel my GFDP after the initial twelve (12) month period and GFDP rates go up or down for the ensuing year(s), that WCC may adjust my monthly GFDP billing accordingly.

I further understand and agree that the monthly fees will be collected electronically on the first (1<sup>st</sup>) of each month. I agree to provide Electronic Funds Transfer information required below and to immediately notify WCC of any change to my Bank/Credit Card Account status. In the event WCC is unable to collect payment electronically, WCC will notify me, and I will make payment by other means, no later than three (3) day from the date of notification (the cure period) in order to maintain my GFDP privileges and avoid defaulting on this agreement. If I fail to provide such information within the cure period, WCC may declare me in default.

In the event that I default on this agreement, I further understand and agree that:

- o WCC may suspend and/or terminate my GFDP privileges.
- o WCC may use any and all means necessary to collect all past, present and future due amounts owed under this agreement.
- o WCC may recover from me any collection fees, bank fees, court costs, and reasonable attorney's fees WCC may incur do to their collection efforts.
- o Agree that any dispute arising from this agreement shall be governed by the laws of the State of New Jersey, and I consent to the jurisdiction of the New Jersey courts.

This agreement constitutes the entire agreement between the parties. Any promise, representation, understanding, oral or written, pertaining directly or indirectly to the agreement which are not contained herein, are hereby waived.

<b>Electronic Funds Transfer Information:</b>	GFDP Number: _____
Your Name as it appears on the Account: _____	
Bank Name: _____ (must provide voided check)	
Account number: _____	
Routing number: _____	
Credit Card Type: _____	
Credit Card Number: _____ Expiration Date: _____	
Verification Code: _____	

I/we hereby understand and agree to accept and abide by the terms of the GFDP Application and this Agreement. I further agree to allow WCC to bill my above referenced Bank/Credit Card account as outlined in this Agreement.

\_\_\_\_\_  
Printed Name of Card Holder

\_\_\_\_\_  
Signature of Card holder