



# Standing Order Authorization Form

Please fill in all blanks areas below.  
All Information must be complete and legible in order to process your membership.

Questions:  
586-0215

## COMPANY INFORMATION

Company Name:	<input type="text"/>	
Contact person:	<input type="text" value="LAST NAME"/>	<input type="text" value="FIRST NAME"/>
Telephone Number:	<input type="text"/>	

## MEMBER INFORMATION

Member Name:	<input type="text" value="LAST NAME"/>	<input type="text" value="FIRST NAME"/>
Description:	<input type="text" value="Aruba Racquet Club Monthly membership"/>	
Membership type:	<input type="text"/>	

## CARDHOLDER

please complete the following section

Cardholder Name:	<input type="text" value="LAST NAME"/>	<input type="text" value="FIRST NAME"/>
	<small>As it appears on card</small>	
Account Number:	<input type="text"/>	
Name of your bank:	<input type="text"/>	
Payment Frequency:	<input type="text" value="The 1st of each month"/>	
Beneficiary:	<input type="text" value="Aruba Racquet Club"/>	
Account Number:	<input type="text" value="4000444 ARUBA BANK"/>	First payment date: <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YY"/>
Final Payment Date:	<input type="text" value="Until Further Notice"/>	

## BILLING INFORMATION

I agree to cover the following category of charges:

Membership fee Amount	Cardholder Signature
<input type="text"/>	<input type="text"/>

DATE: