

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:	LACENIANE.	FIRST MANE	
Contact person: Telephone Number:	LAST NAME	FIRST NAME	
MEMBER INFORMATION			
Member Name:	LAST NAME	FIRST NAME	
Description:	Aruba Racquet Club Monthly	membership	
Membership type:			
CARDHOLDER please complete the following section			
Cardholder Name:	LAST NAME	FIRST NAME	
our unotaer Hame.	As it appears on card	I HOLIVALIM	
Account Number:			
Name of your bank:			
Payment Frequency:	The 1st of each month		
Beneficiary:	Aruba Racquet Club		
Account Number:	4000444 ARUBA BANK	First payment date: MM DD YY	
Final Payment Date:	Until Further Notice		
BILLING INFORM	ATION		
I agree to cover the following category of charges:			
	Membership fee Amount	Cardholder Signature	
DATE: MM DD YY			