

# 2020 Annual Membership

## Secret Cove Civic Association

P.O. Box 550706  
Jacksonville, FL 32255-0706

**Please return this portion with your check, OR send after you Venmo OR to authorize Monthly ACH payments.**

Check the appropriate box(es) below and note the total payment in the space provided. Enclose your check or money order made **payable to SCCA** and **return in the envelope provided. You have two choices: One Annual Payment or 9 Monthly Payments. Annual Payment due on April 1<sup>st</sup>. The Monthly Payments will start on April 15<sup>th</sup> and be deducted from your account on the 15<sup>th</sup> of every month.**

	Annual Payment*	Monthly ACH Payments (9 months)
<input type="checkbox"/> SCCA Membership	\$ 350.00	\$ 39.00
<input type="checkbox"/> Pool Membership <i>(Please sign and return the enclosed Release Form)</i>	\$ 135.00	\$ 15.00
<input type="checkbox"/> Tennis Membership	\$ 75.00	\$ 8.25
<input type="checkbox"/> Discount if paying both Pool & Tennis	(\$15.00)	(\$ 1.75)
<input type="checkbox"/> Voluntary Contribution to General Fund	\$	\$
<input type="checkbox"/> Monthly Processing Fee for ACH Debit		\$ 3.00
<b>TOTAL</b>	\$ _____	\$ _____

**\*Payable by check to Secret Cove Civic Association or Venmo to @Secret-Cove**


Thank You!

NAME(S) \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

**If enrolling in ACH, please complete the information below:**

I, \_\_\_\_\_ authorize **Secret Cove Civic Association** to charge my bank account indicated below on the 15<sup>th</sup> of each month for the next 9 months for payment of my 2020 SCCA Membership dues.

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Name on Account: _____	Bank Routing Number: _____	
Bank Name: _____	Bank Account #: _____	
Bank City / State _____		
Signature: _____		Date: _____
<p>I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Secret Cove Civic Association in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of the ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that the Secret Cove Civic Association may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of all applicable federal and Florida laws. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.</p>		