



**FORT CLARK SPRINGS ASSOCIATION, INC.**

**P.O. Box 345  
Brackettville, Texas 78832  
(830)563-2493  
[accounting@fortclark.com](mailto:accounting@fortclark.com)**

**AUTHORIZATION FOR AUTOMATIC PAYMENT**

I, \_\_\_\_\_, authorize Fort Clark Springs Association, Inc., to

**DEBIT** \_\_\_\_ **CREDIT** \_\_\_\_ **CANCEL** \_\_\_\_ (please check one) my:

\_\_\_\_ Credit Card **\*\*All credit cards will be processed the 20<sup>th</sup> of each month**

\_\_\_\_  
Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Type of Card \_\_\_\_\_

\_\_\_\_ Debit Card

\_\_\_\_  
Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Type of Card \_\_\_\_\_

\_\_\_\_ Bank Account **\*\*PLEASE INCLUDE A VOIDED CHECK** – Otherwise this request **WILL NOT** be processed. We cannot accept deposit slips.

**Bank Debits will be processed on your choice of the 5<sup>th</sup>, 15<sup>th</sup>, 25<sup>th</sup> (please circle one)**

Membership Acct# \_\_\_\_\_

Membership Acct# \_\_\_\_\_

Residential Acct# \_\_\_\_\_

Residential Acct# \_\_\_\_\_

Tax Acct# \_\_\_\_\_

Tax Acct# \_\_\_\_\_

Trade Acct# \_\_\_\_\_

Total Amount charged \_\_\_\_\_

**Please Allow 30 days for processing – you will be responsible for payment of the current fees for the month in which this form is submitted.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHONE:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_