

Direct Deposit  
ClubCorp Service Center

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Club Name \_\_\_\_\_

I authorize ClubCorp Financial Management Company, the company, and my financial institution(s) to initiate credit, debit entries and if necessary any adjustments to my account(s).

NOTE: For deposit to your checking account, attach a voided check or deposit slip. For deposit to savings, obtain transit routing number and your savings account number from your financial institution.

1) Primary Account: This is a checking/savings account (circle one)

Bank Name: Las Colinas FCU Bank Address: Irving, Texas

Bank # 311080573 Account #: \_\_\_\_\_

Amount or percent to account: \_\_\_\_\_

2) This is a checking/savings account (circle one)

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Bank #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount or percent to account: \_\_\_\_\_

I will notify the company in writing 15 days prior to the effective date of any changes to or termination of this authorization which will result in receipt of a live check. The company reserves the right to terminate this program upon written notification to me.

I understand that the first transmission will be a pre-note resulting in a receipt of a live check. Any changes made to my Account(s) in the future will also pre-note producing a live check. I understand that if the corporate office does not receive the payroll transmission by Wednesday at 1:00 P.M. CST, I will receive a live check. I understand that it is my responsibility to verify funds availability with my financial institution on paydays.

I have contacted the financial institution(s) to verify that they are part of the Federal Reserve and to verify the time my funds will be available at this institution(s). I release CLUB CORP FINANCIAL MANAGEMENT COMPANY for any and all liabilities as a result of participation in this program.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_