



Cotton Country Cutting Club

2017 CCCC PRACTICE PEN CHEQUE AUTHORITY FORM

I, (name)

of.....

..... (address)

Request that the CCCC office take the required payment from Signed Cheque (attached) for my Practice Pen account at the completion of the Show. Dishonoured Cheques will incur a \$30.00 dishonour fee. I declare there are sufficient funds be made available in my Cheque Account.

..... (Signature)