

2026 Annual Membership

Secret Cove Civic Association

P. O. Box 550706

Jacksonville, FL 32255-0706

Volunteers will place
your mailbox stickers
AFTER April 1.

Please return this form with your check OR send it after you pay by **Venmo to @Secret-Cove** OR send it after you pay by **Zelle to SCCA.JAX@gmail.com** OR use it 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 Payment or 9 Monthly ACH Payments. **Annual Payments should be made no later than April 1st.** The **monthly payments will start on April 15th** and be deducted from your account on the 15th day of every month.

| Check Items | Type of Payment | Annual Payment | 9 Months of ACH |
|--|-------------------------------------|----------------|-----------------|
| | SCCA Membership | \$ 460 | \$ 51 |
| | Pool Membership | \$ 179 | \$ 20 |
| | Tennis Membership | \$ 87 | \$ 10 |
| | Discount if paying Pool & Tennis | \$ (15) | \$ (0) |
| | Voluntary Contribution General Fund | \$ | \$ |
| | Monthly ACH Processing Fee | | \$ 3 |
| Questions? Email to scca.jax@gmail.com | | TOTAL | |

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

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 15th of each month for the next 9 months for payment of my 2026 SCCA Membership dues.

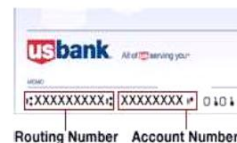
Account Type: ☐ Checking ☐ Savings

Name on Account: _____ Bank Routing Number: _____

Bank Name: _____ Bank Account #: _____

Bank City / State _____

Signature: _____ Date: _____



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.