

# Paying Your Chamber Membership Just Got Easier!

## MEMBERSHIP, ADVERTISING OR PROGRAM PARTICIPATION MasterCard, Visa, American Express or Discover

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

*This information is required for processing charge.*

Payment Option:     This invoice only     Annually     Semi-Annually    Amount: \$ \_\_\_\_\_

Card Type:         Debit         Credit

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize the Chamber of Commerce of Northwest Connecticut, Inc. to charge the above listed card on the schedule noted above for my company's membership investment (or for this invoice). I understand that membership automatically renews on my anniversary date and my card will continue to be charged (if I have selected either the "Annually" or "Semi-Annually" option) until I submit a cancellation in writing. A \$4.00 fee per charge will be added.

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

## MEMBERSHIP PAYMENTS Pay Automatically from Your Checking or Savings Account - ACH Debits - Authorization Agreement for Direct Payments

Company Name: \_\_\_\_\_

I (we) hereby authorize the Chamber of Commerce of Northwest Connecticut, Inc., hereinafter called the Chamber to initiate debit entries to my:     Checking Account         Savings Account  
Indicated below at the depository financial institution named below, hereinafter called depository and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing & Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authorization is to remain in full force and effect until the Chamber has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Chamber and depository a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

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

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

NOTE: Written authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Membership Amount: \$ \_\_\_\_\_

Schedule:         Annually     Semi-Annually     Quarterly

Invoices will be prepared on the schedule selected and mailed to the Chamber member. The date of the debit will be noted on the invoice.