

# DIRECT DEBIT AUTHORIZATION FORM



I hereby authorize the North Central Massachusetts Chamber of Commerce to deduct monthly dues in the amount of \$ \_\_\_\_\_ from my checking account or credit card beginning \_\_\_\_\_.

Checking Account—attached a voided check       Credit Card (please circle): MasterCard    Visa  
Account Number \_\_\_\_\_      Expiration Date \_\_\_\_\_  
Name on Card \_\_\_\_\_      3 Digit Security Code \_\_\_\_\_  
Billing Address (if different from business address): \_\_\_\_\_

I agree that the monthly dues are payable in advance and will be charged to my account approximately on the **18<sup>th</sup>** of each month. I understand that I may terminate this authorization at any time with 30 days WRITTEN notice to the Chamber. The Chamber agrees to give me 45 days notice of any changes in dues structure. This authorization will renew automatically on my renewal date.

BUSINESS: \_\_\_\_\_  
*(Please, print name)*

I have read and accepted the terms of the payment authorization \_\_\_\_\_  
*(Authorized Signature)*

\_\_\_\_\_  
NCMCC Authorized Representative      Signature      Date  
*(Print Name)*