



CALHOUN COUNTY AREA

CHAMBER AND VISITORS CENTER

Recurring Payment Authorization Form

Your Information

Company Name: _____

Company Billing Address: _____

Contact Name: _____ Contact Email: _____

I hereby authorize the Calhoun County Area Chamber & Visitors Center to initiate debit entries to my (select one):

- Checking Account
 Savings Account
 Visa
 Master Card
 American Express

as designated below. This authority will remain in full effect until the Chamber receives written notification from the account holder of its termination as set out below. I also acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

One-time charge amount: _____ Date to charge: _____

Recurring monthly payments – OR – Recurring quarterly payments – OR – Recurring annual payments:

BEGIN to participate in the Automatic Payment Program. I agree and understand that:

- I will not be auto debited for special assessment charges or fines unless agreed upon separately.
- I will still receive monthly statements, reflecting my account balance.
- I will be charged \$15 for any/all declined transactions.
- The charge will be made on the 1st day of each month. If that day falls on a weekend or holiday the withdrawal will occur on the next regular business day.
- I must make written notification to STOP participation in this program on or before the 15th day of the month prior to such changes.

CHANGE my account information.

STOP my participation in this automatic program.

Banking Account Information

Routing # (9 digits)	Account #	Type of Account
Financial Institution Name and Address		

Credit Card Information

Credit Card Number	Authorization Code	Expiration Date
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Authorization

Signature of Authorizing Party	Date
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Please send a scanned or photographed image of this form to kimb@calhounchamber.com or mail a hard copy to CCAC&VC, P.O. Box 1087 Anniston, AL 36202. Please contact us at (256) 237-3536 with any questions.