



# CREDIT/DEBIT AUTHORIZATION FORM MONTHLY PAYMENT

I, \_\_\_\_\_ (Member Representative) of  
\_\_\_\_\_(Business Name) hereby authorize the Mount Vernon  
Chamber of Commerce to debit \$\_\_\_\_\_ for the first month payment plus administration fee on  
(month/day/year)\_\_\_\_\_ and \$\_\_\_\_\_ each month thereafter on or near the 1<sup>st</sup> or 15<sup>th</sup> of the month. I also  
acknowledge that this includes a monthly fee of \$1 for the monthly payment plan.

OR

I authorize a one-time payment of \$\_\_\_\_\_ from the account specified below, and initiate adjustments  
(if necessary) for any transactions credited/debited in error.

This authority will begin the date specified above and remain in effect until the Mount Vernon Chamber of  
Commerce is notified in writing. A 30-day written notice of termination is required.

Debits are deducted from accounts on either the 1<sup>st</sup> or 15<sup>th</sup> of each month. If either of these dates lands  
on a Saturday, Sunday or Holiday the deduction will be on the Monday or next business day following. I  
understand a fee of \$15 will be assessed in the event of an NSF or other bank return.

I authorize a maximum of 3% increase per year for Membership Dues withdrawn from my account  
without further authorization when the Mount Vernon Chamber of Commerce notifies me in writing at  
least 60 days prior to the increase effective date.

I acknowledge that I am purchasing or renewing a one-year membership or contracted advertisement  
with the Mount Vernon Chamber of Commerce for which these payments are being applied.

## MONTHLY PAYMENT OPTIONS

### VISA, MASTERCARD OR DISCOVER

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_ Security # \_\_\_\_\_

Address that CC statement is mailed to \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_