

BANK DRAFT AUTHORIZATION FORM

I hereby authorize the Derby Chamber of Commerce to initiate monthly debit entries for payment of membership dues and any agreed upon purchases from my bank account on the first business day of each month.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.

If the Chamber receives notice of insufficient funds to draft my account, I understand I will be assessed an additional charge of \$25.00. In order to remain a member in good standing, an invoice requesting payment will be emailed.

This authorization is to remain in effect until the Derby Chamber of Commerce has received written notification from me of its termination.

Business Name: _____

Bank/Depository Name: _____

Routing Number: _____

Account Number: _____

Name (please print): _____

Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK

If you have any questions or would like to update your account, please contact Amy Bruso - amy@derbychamber.com

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the Derby Chamber of Commerce to charge my credit/debit card for payment of membership dues and any agreed upon purchases on the first business day of each month.

I understand that my information will be saved to file for future transactions on my account.

If the Chamber receives notice that the card did not process, an invoice requesting payment will be emailed to remain a member in good standing.

This authorization is to remain in effect until the Derby Chamber of Commerce has received written notification from me of its termination.

Business Name: _____

Card Type: _____

Cardholder Name: _____

Card Number: _____

CVV: _____

Expiration Date: _____

Billing Zipcode: _____

Signature: _____

Date: _____

If you have any questions or would like to update your account, please contact Amy Bruso - amy@derbychamber.com