

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

NORTHWEST CHAMBER OF COMMERCE, PO BOX 144, BETHANY, OK 73008

MEMBER INFORMATION *(please print)*

COMPANY NAME: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

TELEPHONE : _____ FAX : _____

I(we) hereby authorize the Northwest Chamber to initiate debit entries to the account indicated below at the financial institution named below on the 10th day of each month in the amount of \$_____. I(we) further state that this order is limited to this monthly transaction and no others are authorized. I(we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law.

FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

NINE-DIGIT ROUTING TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

BANK TELEPHONE NUMBER: _____

This authorization is to remain in full force and effect until the Northwest Chamber has received WRITTEN notification from me (us) of its termination at least 10 days prior to the next transaction in order to provide the Northwest Chamber and the Depository a reasonable opportunity to act on it. I (we) understand I(we) will be charged \$30.00 for any stop –payment – order I(we) initiate. I also hereby confirm I am legally bound to approve official orders such as this.

SIGNATURE _____ DATE _____

PRINT NAME AND TITLE _____ E-MAIL _____

Name of additional contact person with company: _____