



Direct Payment Authorization Form: Fixed Payments

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works: You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement.

The authority you give to charge your account will be for a minimum of 1 year. At each renewal your partnership will

automatically renew for 1 year. After your 1 year renewal you must give a 30 day written notice to stop payment. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the below authorization form and return it to us.

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your credit card, checking or savings account.
2. Mark box for date to be taken out of account
3. Fill in your name, financial institution name and location, and date.
4. Attached voided check or deposit slip for verification of all financial institution information. If you are unable to attach voided check or deposit slip fill in your account number and routing number.
5. Write check, or supply credit card for \$45 processing fee and 1st month payment. Direct Payment Plan will begin on month 2.

NOTE: Be sure to initial and sign the form!

Please complete the information below:

I, _____, authorize the Beaverton Area Chamber of Commerce to initiate electronic debit entries to my:
(organization name)

_____ Checking Account (or) _____ Savings Account for payment of my Beaverton Chamber Partnership in the amount of \$ _____ on the _____ 10th (or) _____ 20th day of every month.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. This authority will remain in effect for a minimum of 1 year and until I have cancelled it in writing. If the funds are not in the account I understand two (2) attempts will be made to withdraw the money. After the first set of declines, I will be notified and must make payment for that month. If my account declines a second month, a \$25 service fee will be added to my account and I must make the payment as soon as possible. Should my account decline a third (3rd) month, I understand I will no longer be eligible for monthly payment plan and must pay my balance in full along with a \$25 service fee. _____(initial)

Date: _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT): _____

ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

Signature: _____