

Pre-Authorized Credit Card Payments

- Authorization Form -

wiember name		
Payment Date: 15 th of each month		
Credit Card: Visa MasterCard		
Card Number:	Expiry Date	e: / 3-Digit Code:
Cardholder's Name (as it appears on card)	:	
Cardholder's Address:		
City:	Province:	Postal Code:
Phone Number:	Email:	
Membership:		
amendment, as such amendments may be implemented from unless and until the Member is first provided with 60 days' prifrom the Chamber to the member will be delivered by email to 2. The Member agrees to notify the Chamber promptly in write authorization granted in paragraph 1 above (the "Authorization	ior written notice of the intention of the Chamb o the address furnished above. ing of any changes to the Account information	er to amend the fixed monthly amount. Any notices
authorization granted in paragraph 1 above (the "Authorizatio 3. Subject to paragraph 4 below, the Authorization may be can Member acknowledges and agrees that any such cancellation amending or terminating any subsisting contractual relationsh	ncelled by the Member at any time upon 30 day shall not have the effect of extinguishing any o	utstanding liability to the Chamber, or otherwise
 Notwithstanding the provisions of paragraph 3 above, the l membership dues, it cannot be cancelled during the first twel- memberships with the Chamber in respect of former member 	· Member acknowledges and agrees that to the e ve (12) months of the term of a new membersh	extent that the Authorization relates to the payment of
Enrollment by the Member in any of the Chamber benefit p contemporaneously with the cancellation of the Authorization		rams, group benefits, etc. will automatically be cancelled
Authorized Signature:	Date:	
	Date:	
Member Number:	Commenced Payments on:	