



Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your bank or credit card statement. You agree that no prior notification will be provided to you for each scheduled payment.

Please complete the below information

I _____ authorize the Hanover Area Chamber of Commerce to charge/debit
(full name)
my account indicated below on the _____ of each month for payment of my annual Chamber
(day or date)
Dues in 12 monthly installments.

Billing Address _____

Phone # _____

City, State, Zip _____

Email _____

Checking/Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/ State _____

Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Signature _____

Date _____

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify the Hanover Area Chamber of Commerce in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. For Ach debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above stated periodic transaction dates. In the case of an Ach transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Hanover Area Chamber of Commerce may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card Company; provided the transactions correspond to the terms indicated in this authorization form.

P.O. Box 5105, HANOVER, NEW HAMPSHIRE, 03755

603-643-3115, FAX: 603-643-5606

E-MAIL: HACC@HANOVERCHAMBER.ORG, WEBSITE: WWW.HANOVERCHAMBER.ORG