

MEMBERSHIP
Pre-Authorized Payment Authorization Form

Lake Houston Area Chamber of Commerce
Fax or mail back to: 281-446-7483 or 110 W. Main, Humble, Tx 77338

PLEASE PRINT THE FOLLOWING INFORMATION:

COMPANY NAME _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVERS LICENSE # and STATE of ISSUANCE _____

PHONE (_____) _____ WORK (_____) _____

TYPE OF CARD (VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS)

CARD # _____

SECURITY CODE _____ EXPIRATION DATE _____

PLEASE INITIAL THE TRANSACTION DAY OF YOUR CHOICE:

- Monthly, on the _____ day of each month, in the amount of \$_____, each month
- Quarterly, on the _____ day of the first month of each quarter (according to your anniversary date), in the amount of \$_____, each quarter
- Semi-Annually, on the _____ day of the month (according to your anniversary date) in the amount of \$_____.
- Annually, on the _____ day of the month of your anniversary date.

I hereby authorize a recurring payment withdrawal on my credit/debit card designated above, not to exceed the amount agreed to by me below. I understand that these withdrawals can not be discontinued for the first 12 months (1 year), after that I may cancel said withdrawals with 30 days written notice that my Chamber membership is to be terminated.

_____/_____/_____
SIGNATURE DATE

For Office Use Only

Start Date: _____/_____/_____ Payment Requested: \$_____