

**Authorization Agreement for Preauthorized Payments (ACH Debits)**

I (we) hereby authorize O'Fallon Chamber of Commerce hereinafter called COMPANY, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account for (Application i.e., quarterly dues). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I understand that this obligates me for the full amount of the annual dues.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Checking Routing Number) (Checking Account Number) \_\_\_\_\_ Checking

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Print Individual ID Number) (Date)

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM!**

- \$140.00 Membership (4 quarterly payments of \$35)
- \$195.00 Membership (4 quarterly payments of \$50)
- \$275.00 Membership (4 quarterly payments of \$70)
- \$385.00 Membership (4 quarterly payments of \$100)