

PAYMENT AUTHORIZATION FORM

Centerville Noon Optimist Club

| | |
|---|--------------------------|
| Name on account (Print) | Account Holder's Phone # |
| Billing Address | |
| City, State, and Zip | |
| I authorize the following: New Payment from Account Specified Below Change Indicated Below Discontinue Electronic Funds Transfer from Account or Fund Specified Below. | |
| Email Address | |

| Account Information | |
|--|---|
| Bank Account Information | |
| Bank Name (Checking or Savings Accounts) | |
| Account Type | Credit Card <i>(please check one)</i> |
| | <i>VISA MasterCard Discover American Express</i> |
| Check One | ACH <i>(please attach voided check)</i> |
| | Personal or Corporate Checking <i>(annual dues payment is required)</i> |
| Bank Routing Number | |
| Checking Account or Credit Card Account Number | |
| Credit Card Expiration Date | 3 Digit Security Code |

| Fund Type | Payment Schedule | Amount | Collection Date <i>(Withdrawal date each month)</i> |
|---|------------------|-------------------------|---|
| Select Applicable Fund Type(s) | Check one | | |
| <i>Dues Only Membership / Optimist 2.0 Membership</i> | Quarterly | \$57.50 | First of the quarter/year |
| | Annually | \$230.00 | |
| <i>Full Membership</i> | Quarterly | \$107.50 | First of the quarter/year |
| | Annually | \$430.00 | |
| <i>Personal Check Or Corporate Check</i> | Annually | \$230.00 or \$430.00 | This option requires an annual dues payment |
| <i>Check this box if you hold an Optimist Life Membership</i> | | | <i>Check this box if you would like to have a statement</i> |

By signing below I authorize the above named organization to debit from the account specified on this form for membership dues incurred as selected above. This authorization will remain in effect until I give 30 days written notice for any change or cancellation to terminate authorization. I understand there will be a \$35.00 non-sufficient funds (NSF) fee charged to my account for NSF debits. This authorization also includes any annual dues increase approved by the Board of Directors.

Authorized signature: _____ Date: _____

Please attach your voided check if you are using a checking account to make your payment

Instructions

NEW AUTHORIZATIONS (INITIAL SET UP):

- Fill in your personal information (One person per form)
- Check the box for *New Payment from Account Specified Below*.
- Fill in your *Bank Name* if using a checking account to make your dues payment.
- Mark the spot indicating if the amount is to be withdrawn from a checking account or if payment will be made by credit card, personal or corporate check. Be sure to attach proof of account as described in the general information above.
- Your *Routing Number* is the first 9 digits printed at the bottom of your checks. This is your bank's electronic address.
- Your *Account Number* is the next set of numbers on the bottom of your check. Do **not** put in spaces or punctuation that are shown. Be careful not to include the set of numbers farthest to the right, these correspond to your check number, and are only there to assist your bank with the checking process.
- Circle *Payment Schedule (quarterly or annually)* indicating if the amount is to be withdrawn quarterly or annually.
- The *Amount* is the amount that will be deducted from your checking account or Credit Card account quarterly or annually and given to Centerville Noon Optimist club.
- The *Collection Date* will be the 1st day of the quarter/year
- Sign and date the authorization form.
- Attach a voided check to the form if you are using a checking account to make your payment.
- Place the form in an envelope and mail it to:

**Centerville Noon Optimist
PO Box 750492
Dayton, Ohio 45475-0492
Attn: Treasurer**

CHANGE OF ACCOUNT or AMOUNT:

- Check the box for *Change Indicated Below*. Please keep in mind that 30 day written notice is needed for any changes.
- Complete the form with the appropriate changes. See the New Authorization instructions above for detailed information.

TERMINATION OF AUTHORIZATION:

- Checking the box for *Discontinue Electronic Funds Transfer* and signing the form will terminate your prior authorization form. Please note that 30 day written notice is required to discontinue electronic funds transfer.