

**PAYMENT AUTHORIZATION FORM**

# Centerville Noon Optimist Club

Name (Print)	Account Holder's Phone #
Billing Address	
City, State, and Zip	
I authorize the following: <span style="float:right;">New Payment from Account Specified Below Change Indicated Below</span>	
Email Address	

**Account Information  
Payment Information**

Payment Type	<i>VISA    MasterCard    Discover    American Express</i>	
<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>	<b>NOTE:</b> For your security, and in compliance with Ohio Laws, we use a secure processor to process credit card payments on a secure server - when you submit this form with CC information, it is shredded immediately after processing.	
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	<i>\$57.50</i>	First of the quarter/year
	Annually	<i>\$230.00</i>	
<i>Full Membership</i>	Quarterly	<i>\$107.50</i>	First of the quarter/year
	Annually	<i>\$430.00</i>	
<i>One-Time Member Application Fee</i>		<i>\$50.00</i>	One-Time New Member Fee must be submitted with Application

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: \_\_\_\_\_