

PAYMENT AUTHORIZATION FORM

Centerville Noon Optimist Club

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

Account Information

Payment Information

Payment Type	
<input type="checkbox"/> <i>VISA</i>	<input type="checkbox"/> <i>MasterCard</i>
<input type="checkbox"/> <i>Discover</i>	<input type="checkbox"/> <i>American Express</i>
<input type="checkbox"/> <i>Personal or Corporate Checking (annual dues payment is required)</i>	
<i>Check this box if you hold an Optimist Life Membership</i>	<input type="checkbox"/>
<i>Check this box if you would like to have a statement</i>	<input type="checkbox"/>
Credit Card Account Number	
Credit Card Expiration Date	3 Digit Security Code

Fund Type	Payment Schedule	Amount	Collection Date
Select Applicable Fund Type(s)	Check one		<i>(Withdrawal date each month)</i>
<i>Monthly Membership</i>	<input type="checkbox"/> Quarterly	\$68.75	First of the quarter/year
	<input type="checkbox"/> Annually	\$275.00	
<i>Weekly Membership</i>	<input type="checkbox"/> Quarterly	\$127.50	First of the quarter/year
	<input type="checkbox"/> Annually	\$510.00	
<i>Personal Check or Corporate Check</i>	<input type="checkbox"/> Annually	\$275.00 or \$510.00	This option requires an annual dues payment
<i>Member Application Fee</i>	<input type="checkbox"/> One Time	\$60.00	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: _____

INSTRUCTIONS:

New Authorizations (Initial Setup for New Members):

- Fill in your personal information (One person per form)
- Check the box for “New Payment from Account Specified Below ”
- Check the payment method selection (Credit Card Type or by Check - either Personal or Corporate). Note that if paying by check, annual payment is required.
- For credit card payments only, check off the appropriate payment schedule – indicating if payment is to be made either quarterly or annually.
- The *Amount* is the amount that will be charged to your credit card account quarterly or annually based on the selection above.
- The *Collection Date will be the 1st day of the quarter/ year.*
- Sign and date the authorization form.
- Place the form in an envelope and mail to:

Centerville Noon Optimist

PO Box 750492

Dayton, OH 45475-0492

Attn: Treasurer

Change of Account Number or Amount:

- Check the box for *Change Indicated Below*. Please keep in mind that 3- day written notice is needed for any changes.
- Complete the form with appropriate changes. See New Authorization Instructions above for detailed information.