

The Rotary Club of Ponte Vedra Beach, Inc.
Authorization for Electronic Payments

Member Name: _____

Billing Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

I authorize The Rotary Club of Ponte Vedra Beach, Inc. to automatically charge my bank account or credit card (information provided below) for the following recurring member charges:

			Approved (Initial here)
July 1st	\$100	Annual Paul Harris Contribution	_____
July 1st	\$220	1st Quarter Member Dues	_____
October 1st	\$220	2nd Quarter Member Dues	_____
January 1st	\$220	3rd Quarter Member Dues	_____
April 1st	\$220	4th Quarter Member Dues	_____

BANK AUTO DRAFT (Preferred Option)

Name on account: _____

Name of Bank: _____ Checking: _____ or Savings: _____

Account Number: _____

Routing Number: _____

Attach a voided check to ensure accuracy.

CREDIT CARD AUTO-PAY

Name on card: _____

Type of card: _____

Card # _____

Expiration Date _____ CVV Code _____ Billing Zip Code: _____

Member Signature: _____ **Date:** _____

Return this form to Dionne Smith for processing. Secure portal available for transmitting forms.

Questions: 904-463-7775 or Dionne@SmithBooksInc.com

Cancel at any time with 30 day written notice.