



CHAMBER MEMBERSHIP EFT AUTHORIZATION FORM

T: 281-440-4160
 F: 281-440-5302
 www:HoustonNWChamber.org

ES11293

FOR OFFICE USE ONLY	USER #	DATE
----------------------------	---------------	-------------

Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change date	

Company Name: _____

Authorized Contact Last Name: _____	First Name: _____
Email Address: _____	Phone Number: _____
Address: _____	
City: _____	State: _____ Zip: _____

Please debit my donation/payment from my (check one): <input type="checkbox"/> Checking Account(s) (attach a voided check; if using two or more accounts, please provide account and routing number on an additional page) <input type="checkbox"/> Savings Account(s) (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
---	--

Date of First Payment: ____/____/____	Frequency of Payment: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly	Fund and Amount: Annual Membership Dues \$ _____ (See Dues Schedule) EFT Administration Fee \$ _____ (\$20 fee required for Base and Circle Membership Renewals) Foundation Gift* \$ _____ <div style="text-align: right;">Total \$ _____</div>
---	---	---

Special Instructions:
 *Attach Donor Designation Form for 501(c)3 Non-profit Gift

AGREEMENT

I authorize Houston Northwest Chamber of Commerce, Inc. and Vanco Services, LLC to process debit entries to my account(s). I understand that Chamber Membership is a year-to-year commitment and that membership cancellations must be made at least 14 days prior to membership renewal. I understand that an annual membership fee of \$20 over the published dues is added for EFT payment plans. Gifts to the 501 c 3 Foundation can cease at any time. I also understand that this authority will remain in effect until I provide written notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here.