

Membership Dues Payment Authorization Form

Please print and complete this form to authorize automatic recurring payments for your membership dues.

Member Information

Full Name:

Member ID (if applicable):

Email Address:

Phone Number:

Payment Details

Membership Type / Level:

Authorized Payment Amount (\$):

Payment Frequency (e.g., Monthly, Annually):

Billing Information

Cardholder / Account Holder Name:

Billing Address:

City, State, Zip Code:

Credit Card or Account Number:

Expiration Date (MM/YY):

Security Code (CVV):

Authorization and Signature

By signing below, I authorize the organization to charge the payment method indicated above for my membership dues. I understand that this authorization will remain in effect until I provide written notification of cancellation.

Authorized Signature (Sign after printing):

Date: