



Rio Rancho Regional Chamber of Commerce
PAYMENT AUTHORIZATION FORM

Member Organization Name: _____

First Name: _____ Last Name: _____

___ New Authorization ___ Change to Existing Authorization

EFT TRANSFER FROM

Bank Name: _____

Account Type: _____

External R/T number: _____

Note: If you are setting up an external transfer, you must enter the routing number of the institution

Account number: _____

Amount of transfer: _____

EFT TRANSFER TO U.S. BANK, THE RIO RANCHO REGIONAL CHAMBER OF COMMERCE'S BANKING INSTITUTION

EFT INSTRUCTIONS

Beginning Date of transfer: _____

Please remember we will need a 15 day lead time on all transfers

Frequency of transfer: ___ monthly

Day of the month for withdrawal: _____

OTHER PAYMENT

___ Visa ___ MC ___ AMX ___ Discover

Credit Card# _____ CVCode _____ Exp Date: _____

Card Name: _____

Address: _____ City: _____ ST: ___ ZIP: _____

Check # _____ Cash ___ AMOUNT: \$ _____

AUTHORIZATION

I hereby authorize the Rio Rancho Regional Chamber of Commerce (RRRCC) to make the transfer(s) indicated above until further notice from me. If this agreement changes any prior authorization between the RRRCC and me, the prior authorization is hereby cancelled, and I instruct RRRCC to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s).

Authorized Signature: _____ Date: _____

Box containing CANCELLATION NOTICE and signature/date lines for cancellation.