



# Electronic Funds Transfer Agreement

I hereby authorize the O'Fallon Chamber of Commerce to charge my account or the account of the company that I represent at the intervals specified below in the amount named, as such amounts become due without any further authorization. It is understood that this agreement shall continue for one (1) year from the date below and continue indefinitely, terminating only when authorized in writing by the member company with thirty (30) days notice. Members choosing to cancel their payments prior to the one year anniversary will be subject to a \$100 cancellation fee. The O'Fallon Chamber of Commerce reserves the right to adjust monthly debit entries for uncollected fees or adjust for change in membership investment. EFT deductions are made automatically on the 15th of each month. After two declined transactions, balance is due in full.

Business/Organization: \_\_\_\_\_

Card Type: \_\_\_MasterCard \_\_\_Visa \_\_\_American Express \_\_\_Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSC # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of First Payment: \_\_\_\_\_

**Frequency of Payment:**

- Monthly on the 15th
- Quarterly on the 15th
- Annually on anniversary date

**Payment Type:**

- Membership Dues
- Other: \_\_\_\_\_

**Draft Amount:**

$$\begin{array}{ccccccc}
 \$ & ; & & \times & \$2.50 & = & \\
 \text{Annual Investment} & & \text{\# of Payments} & & \text{EFT Fee per payment} & & \\
 & & & & & + & \\
 & & & & & & \text{Annual Investment} \\
 & & & & & / \text{\# of payments} = & \$ \\
 & & & & & & \text{Total Reoccurring Amount}
 \end{array}$$

The signature below states my understanding that I have agreed for the O'Fallon Chamber of Commerce to draft the account indicated above perpetually for a minimum of 1-year, for the draft amount indicated above until I cancel my payment plan. Fees may change with 30-days notice. I understand that a minimum of 30 days is required to terminate this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this application with payment to: O'Fallon Chamber, 2145 Bryan Valley Commercial Dr, O'Fallon, MO 63366