



## Credit Card Authorization

Please complete all fields. You may cancel this authorization at any time by contacting the Chamber.  
This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):

I authorize the Southern Georgian Bay Chamber of Commerce administrator to charge my credit card on agreed upon purchases. This payment authorization may continue until I submit written notification of cancellation of Membership with the Southern Georgian Bay Chamber of Commerce, at which time this authorization will cease. I understand that my credit card information will be kept on file for future transactions on my account.

**Automatic payments options – Check all that applies**

Check here	
	Payment in full (January) of Chamber Membership and APP fee plus HST = \$_____
	Equal monthly payments of Chamber Membership and APP fee plus HST = \$_____
	<div style="display: flex; justify-content: space-between;"> <span>_____ 3 months (Jan/Feb/Mar)</span> <span>_____ 4 months (Jan/Feb/Mar/Apr)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>_____ 5 months (Jan/Feb/Mar/Apr/May)</span> <span>_____ 6 months (Jan/Feb/Mar/Apr/May/June)</span> </div>
	Payment in full for invoiced sponsorships as agreed.
	Payment in full for invoiced advertising as agreed, with option for monthly payment plan.
	Payment in full for invoiced registrations for networking events.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Official's printed name and title

Notes/Other Instructions: \_\_\_\_\_