

TBP Change of Payment Authorization



Member's Name: (first) _____ (last) _____

TBP Re-Reg &/or Membership Dues Change of Payment Authorization

Please complete all fields. This authorization will remain in effect until cancelled. All cancellations must be made in writing 15 days prior to scheduled payment processing date. All of the unpaid balance for Annual Membership Dues will be due at the time of cancellation or payments may continue until paid in full.

Member's Account Information for ACH Authorization (Preferred): Checking or Savings

Name on Account: _____ Bank Name: _____

Routing Number: _____ Account Number: _____

OR: Alternate Payment Methods: |

Pay By Check: \$100 Re-Reg &/or \$150 Dues Only: Check # _____ Amount \$ _____ **OR:**

Credit/Debit Card: Card Type: MasterCard VISA Discover AMEX

Cardholder's Name (as on card): _____ Business Name: _____

Card Number: _____ Security Code: _____

Expiration Date (mm/yy): ____ / ____ / ____ Cardholder ZIP Code (from credit card billing address): _____

PAYMENT METHOD AGREEMENT

I, _____, authorize Trusted Business Partners (TBP) to process payment for the agreed payment(s). The membership authorization will be processed until canceled in writing by member. It is also understood that my information will be saved and with this authorization can be used for future event payments and purchases.

Sign _____ Date ____ / ____ / ____

Re-Registration Option:

(If changing Chapters or Profession) Re-registration Fee \$ 100.00 to be processed on ____ / ____ / ____

Membership Dues Payment Options/Agreement:

Membership is based on an Annual Agreement; fees may apply on time payments, excl. Annual or Gold.

Annual Membership Dues **\$150.00** to be processed on ____ / ____ / ____ (1st or 15th of month) for 1st year, invoiced annually thereafter . **OR,**

Time Payment Options to be processed starting on ____ / ____ / ____ : **1.** GOLD Membership \$99.95/mo.; **2.** Quarterly: \$50.00; **3.** Semi-Annual: \$85.00; **4.** Annual: \$150.00