



Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. We will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Rotary Club of Seattle

Member Information	
Member Name _____	
Company _____	Member number _____
Email _____	Phone _____
Payment Information	
Monthly Payment	
I authorize The Rotary Club of Seattle to automatically bill the card listed below as specified:	
Recurring monthly amount \$ _____ (See June 10 invoice for monthly amount due)	
-- or --	
Annual Payment	
I authorize The Rotary Club of Seattle to bill the card listed below for a one time payment of:	
Amount \$ _____	
(See letter or contact Mariah (mariah@seattlerotary.org) for annual amount)	
Credit Card Information	
Card type <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Cardholder name _____ <small>(as shown on card)</small>	Cardholder ZIP Code _____ <small>(from credit card billing address)</small>
Card number _____	Expires _____ / _____
<input type="checkbox"/> Notify me via email when my credit card is charged. (Make sure email address above is correct.)	
_____	_____
Customer's signature	Date

Please direct completed forms and any questions to Mariah in the office:

Mariah@seattlerotary.org Phone: (206) 623-0023 Fax: (206) 623-0216 1215 4th Ave. Suite 1215, Seattle, WA 98161