



PAYMENT AUTHORIZATION FORM

I, _____, hereby authorize the Capital Area REALTORS, to retain on file my credit card number or checking account number and charge that account for the following expenses (check appropriate box below):

☐ **One Time** ☐ **Quarterly MLS/CREN Fees** ☐ **Annual Dues** ☐ **Company Fees**

(Check authorized method of payment)

☐

Credit Card - Visa, Mastercard or Discover

Card #: _____ (Expiration Date: _____)

☐

Automatic Checking Account Withdrawal*

Bank Name: _____ Name on Account: _____

Routing Number: _____ Account Number: _____

Memo _____		
⑆012345678⑆ ⑆0123456789⑆ 0101		
Routing/Transit # (A 9-digit number always between these two marks)	Checking Account #	Check # (this number matches the number in the upper right corner of the check— not needed for sign-up)

* Please attach a copy of a void or cancelled check to your authorization.

Agent ID: _____ Name: _____

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Signature: _____

Capital Area REALTORS®

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