

Please complete and fax the below form and a copy of a voided check from the account in which you would like your member dues to be debited from to (703) 522-5273, Attention: Membership, in order to set up a monthly payment option.



## **MONTHLY DEBIT PAYMENT OPTION**

Membership and monthly dues draft are authorized for a 12-month period and will renew automatically on the annual anniversary. If you choose this option, please attach \$25 check (for the processing fee) from the account to be debited and fill out the information below:

I (we) authorize the Arlington Chamber of Commerce, hereinafter called ORGANIZATION, to initiate debit entries to my (our) checking account below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Denository Name:

(name of your ba				_
Branch:				_
City:	State:	Zip: _		_
Transit/ABA#:				_
Account #:				_
I (we) further agree that this authoriconganization and DEPOSITORY has termination in such time and in such DEPOSITORY a reasonable opportunity.	ave received manner as to	written no afford Of	tification from RGANIZATION	me (us) of its
I (we) understand that the amount s for at least the next twelve (12) mon further authorization from me (us) af schedule as authorized by the ORGAN	ths, but is su fter that time	bject to ch to reflect	nange without the then curre	notice or
Amount of Debit: \$/month (please refer to the enclosed dues sc				
Member Name:				_

Authorized Signature:	

Please include a voided check.

A separate \$25 one-time processing fee is still required by all new members to activate membership.