

DIRECT PAYMENT/ACH DEBIT AUTHORIZATION



I, _____, authorize the **Brandon Valley Area Chamber of Commerce** to initiate electronic debit entries for the purpose of my Chamber membership investment, and if necessary, electronic credit entries to correct any erroneous debit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Type of Bank Account:

*Business Checking Account

*Business Savings Account

** (Check this box if the checking or savings account is setup at your bank as a business or commercial account)*

Personal Checking account

Personal Savings account

Banking Information:

Financial Institution Name: _____

Financial Institution City, State, and Zip: _____

Financial Institution Routing Number: _____

Account Number at Financial Institution: _____

Your Company Name: _____

Amount of debit(s): _____

Date(s) and/or frequency of debit(s): **Monthly withdrawal date will be the 1st of each month. A \$2.00 ACH fee will be added to each monthly transaction.**

How to Revoke your Authorization:

- This authority will remain in effect until I have canceled it in writing with the BVACC that I wish to revoke this authorization. I understand that the BVACC requires at least **15 days** prior notice in order to cancel this authorization.

NAME (PLEASE PRINT): _____

SIGNATURE: _____

PHONE NUMBER: _____

DATE: _____

Authorization Revoked on: _____ Signature: _____

Retain authorization for 2 years after the revocation of the authorization.

Mailing Address: BVACC - PO Box 182, Brandon, SD 57005