



Greater Olean Area Chamber of Commerce

Bank Draft / Credit Card Agreement

Name of Business: _____ Today's Date: _____

(Please Initial)

- ___ The Bank Draft and Credit Card payment plan are continuous membership plans. I understand that this membership is not for 12 months, but will remain in effect unless terminated.
- ___ It is my complete understanding that if I wish to terminate or change my membership in any way, I must give Greater Olean Area Chamber of Commerce a 30-day written notice prior to such a change.
- ___ The Greater Olean Area Chamber of Commerce may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least a 30-day written notice prior to any such changes.
- ___ I understand that I am responsible for any payment plus any service charge, applied by the Greater Olean Area Chamber of Commerce, if my membership debit is not honored by my bank or credit card company. This is in addition to any service fee my bank may apply.
- ___ I understand that if I make any changes to the bank account or credit card in use, that I am responsible for relaying the new account information to Greater Olean Area Chamber of Commerce. Upon such an update, I am authorizing Greater Olean Area Chamber of Commerce to draft the new account.

Pre-Authorized Debit Authorization

Name on the Account: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Total Annual Membership Dues: \$_____ If other than annual, per payment amount: \$_____

Credit Card Info: <i>(circle one)</i>	Annual	Semi-Annual	Quarterly	Monthly 1 st / 15 th
Card Number: _____	Expiration: _____		CVV Code: _____	

Bank Draft Info: <i>(circle one)</i>	Annual	Semi-Annual	Quarterly	Monthly 1 st / 15 th
Bank Name: _____				
Bank Address: _____	City: _____		State: _____ Zip: _____	
Routing Number: _____	Account Number: _____			

I have read and understand the Bank Draft / Credit Card Agreement as listed above, and hereby authorize the Greater Olean Area Chamber of Commerce to debit my account indicated:

Signature: x _____ Print Name: _____ Date: _____