



COMPANY (MEMBER) NAME

Point of Contact

Email Address

Join Date

Start Quarter

Amount

This is a payment program offered to any new or current members for membership dues payments. If you would like to participate, please fill in the blanks and submit 1/4 of your total dues (new members also include the one time \$25 administrative fee). The next three payments will be charged to your credit card number on file at the beginning of each quarter. We hope this program is helpful to your organization.

If you have any questions please contact Sheryl Burchett at 895-2600.

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC CREDIT CARD BILLING**

I (We) hereby authorize **Olive Branch Chamber of Commerce**,

hereinafter called COMPANY, to initiate credit card transactions

VISA MasterCard American Express other

Card No. _____

Exp _____ Signature _____

This authority is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner as to allow COMPANY and DEPOSITORY a reasonable opportunity to act on it.