REALTOR®

Payment Plan Form (Visa/MasterCard)

Snohomish County/Camano Association of REALTORS®

3201 Broadway, Suite E

Everett, WA 98201

Automatic Credit Card Payment Authorization for 2020 Dues

Please charge up to **4** installment payments on a regular monthly basis, which will include membership dues and fees to my credit card indicated below. All payment plans must be completed no later than ***May 15, 2020***

Card Type: (check one) **Visa** ☐ **MasterCard** ☐

Member Name: _____

Card Number: _____ **Exp Date:** _____

CCV (3 digit security code on back of card): _____

Billing Address: _____

Charge Date: (check one) **1st** ☐ **15th** ☐

Email: _____ **Phone:** _____

_____ _____

Signature **Date**

By completing this form, I hereby authorize the Snohomish County-Camano Association of REALTORS® (SCCAR) and the credit card company identified on this authorization to process the charges authorized herein. A **one-time $20** nonrefundable processing fee will be including in balance due. If SCCAR is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee which results. The above Credit Card Holder must give 30 days prior written notice to SCCAR for cancellation of this payment series or any change in credit card information. *I understand that membership payments are non-refundable and my REALTOR® membership will not become active until my balance owed is paid in full.* SCCAR has the right to refuse participation in the plan.

SECTION COMPLETED BY SCCAR STAFF ONLY	NRDS ID: _____
Date Form Received: _____	Date Input to Payment System: _____
Estimated Monthly Payment: _____	Total Amount Due: _____
Payment End Date: _____	Staff Name: _____