Payment Plan Form (checking/savings)

Snohomish County/Camano Association of REALTORS®

3201 Broadway, Suite E

Everett, WA 98201

Automatic Deposit Account Debit Authorization for 2017 Dues

*** must include voided check for processing ***

Please charge up to **4** installment payments on a regular monthly basis, which will include membership dues and fees to my deposit account lised below. All payment plans must be completed no later than **June 15, 2017.**

Account Type: **Checking** ☐ **Savings** ☐
(check one)

Member Name: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

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

Email: _____ **Phone:** _____

_____ _____
Signature **Date**

By completing this form, I hereby authorize the Snohomish County-Camano Association of REALTORS® (SCCAR) and the Bank/Credit Union identified on this authorization to process the debits authorized herein. A $20 nonrefubable processing fee will be included in balance due. If SCCAR is unable to process my payment, I will be responsible for an alternate payment arrangement and any fees which results. The above Account Holder must give 30 days prior written notice to SCCAR for cancellation of this payment series or any change in banking 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 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:	