



# BETHLEHEM

Chamber of Commerce

## AUTOMATIC PAYMENT AUTHORIZATION

A FREE SERVICE for Bethlehem Chamber members

### PAY YOUR CHAMBER **MEMBERSHIP** OR **INSURANCE** INVOICE AUTOMATICALLY... With automatic checking account deduction

Automatically pay your chamber insurance bills on a monthly basis at no additional charge with a monthly deduction from your checking account. Authorize us to automatically deduct the monthly amount on the first (1<sup>st</sup>) of each month. You'll see the deduction on your bank statement just like a check (your own bank may assess a small ACH fee.) If the funds in your account are not sufficient to cover your monthly payment, you will be assessed a \$30 insufficient funds fee.

- ✓ **By signing below, I authorize the Bethlehem Chamber of Commerce to collect membership dues or insurance premiums from my checking account on the 1<sup>st</sup> of each month. (i.e.: Feb 1 for February premium)**
- ✓ **I agree that the amount shown below is the annual membership or monthly premium amount. I understand that the deduction amount is subject to change when rates change, or if there are adjustments in insurance coverage. (ex. add/remove dependents)**
- ✓ **I understand that if there are insufficient funds at the time of payment resulting in a returned ACH, a \$30 insufficient funds fee will be assessed and may result in the cancellation of Insurance premiums, unless immediate payment is received. I further authorize the Chamber to debit my account for any fees incurred by the Chamber as a result of delinquency.**

### AUTHORIZATION FOR AUTOMATIC MONTHLY PAYMENT

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Email (if you wish to be notified of deduction) \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch: \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Please deduct the following fee(s):**

- Membership (Annual Fee): \$ \_\_\_\_\_
- Insurance Premium (Monthly): \$ \_\_\_\_\_

**Please return to the Bethlehem Chamber with a copy of a voided check, or fax with a copy of your check to 518 475-0910.**

**Note:** This service is available and **free** to Bethlehem Chamber members in good standing. **Any** changes in this deduction arrangement must be made in writing with 30 days' notice to the Bethlehem Chamber. You may be required to submit a new form at the beginning of each year. Contact the Chamber with any questions.