



Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings debit or credit card. You will be charged the amount owed for each billing period. A receipt for each payment will be emailed directly to you.

I give the Scenic Coast Association/MLS authorization to:

- Use card for Quarterly MLS fees only
- Use card for Quarterly MLS fees and credit card holders Annual Dues
- Call me for authorization before charging - you will receive notice from us at least 10 days prior to the payment being collected.
- Charge away, no need to contact me prior. A receipt will be emailed after transaction is complete.

Please complete the information below:

I, _____ (full name) authorize the Scenic Coast Association/MLS to automatically charge the card listed below as specified for any MLS Fees or AOR dues. Annual Association Dues are due before December 31st and Quarterly MLS Fees are late after March 31st, June 30th, September 30th and December 31st.

Credit Card Billing Address _____

Phone# _____ City, State, Zip _____

Email _____ (transaction receipt will be sent directly to this email address)

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |

Cardholder Name _____

Account Number _____

CVV _____

Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Scenic Coast Association/MLS in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.