

PAC CLUB AUTOMATIC PAYMENT AUTHORIZATION FORM

Company Name _____ Member No. _____



 ELECTRONIC FUNDS TRANSFER (ACH)*

As a duly authorized check signer on the financial institution, hereinafter called DEPOSITORY, account identified below, I authorize Kansas Restaurant and Hospitality Association, hereinafter called COMPANY, to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize COMPANY to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

This authorization will remain in effect until the COMPANY is notified in writing to cancel it in such time as to afford the COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

** For one-time payment only check here*

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID check here.	Financial Institution:	Branch:	
	City:	State:	Zip Code:
	9 Digit Routing/ABA #:	Account #:	

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____

DATE: _____

 CREDIT CARD

As a duly authorized signer of the credit card identified below, I authorize Kansas Restaurant and Hospitality Association, hereinafter called COMPANY, to perform scheduled or periodic credit card debits and/or credits from my credit card identified below, for payments due or when applicable, apply credits to the same. This authorization will remain in effect until the COMPANY is notified in writing to cancel it in such time as to afford the COMPANY a reasonable opportunity to act on it.

** For one-time payment only check here*

Name on Card:	Credit Card Type:	
Credit Card Number:	VISA ()	DISCOVER ()
Expiration Date:	MASTERCARD ()	AMERICAN EXPRESS ()
Billing Address	CVC number: Last 3 digits from the back of card or 4 digits from face of card.	
City:	State:	Phone Number:
	Zip:	Fax Number:

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: _____

Your Name:		
Organization:		
Address:	PAC Club Level	Amount \$\$
City:	PAC 120	\$10 monthly contribution
Location (State):	PAC 240	\$20 monthly contribution
Zip:	PAC 360	\$30 monthly contribution
Email Address:		
Phone:	TOTAL:	\$
Additional Comments:		