



2010 NEWBURYPORT GIFT CERTIFICATE PROGRAM - EFT AUTHORIZATION FORM

YES, I want to enroll in the **Electronic Funds Transfer (EFT)** program and have a portion of my **2010 Newburyport Gift Certificate Program** balance and a \$1 processing charge deducted automatically from my checking account every month. I have read and understand the Authorization Agreement below.

Authorization Agreement for Pre-Authorized Payments

COMPANY NAME: _____ Chamber Member ID#: _____

I hereby authorize the Greater Newburyport Chamber of Commerce & Industry, hereafter called COMPANY, to initiate debit entries to my checking account indicated below and the Depository named below, hereafter called DEPOSITORY, to debit the same such account. I also understand that I will be responsible for any returned check fees of \$25 per transaction, plus any other bank fees incurred. Insufficient funds in any given month will be applied to the following month's deductions.

Name of DEPOSITORY (Financial Institution): _____
 City _____ State _____ Zip _____
 Routing # _____ Account # _____

This authority is to remain in full force and effect until October 31, 2010 or COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. There will be a \$1 monthly fee on all EFT transactions.

2010 Newburyport Gift Certificate Program Total	\$	_____
(-) Less payments received:	\$	_____
TOTAL ON EFT:	\$	_____

Name (please print) _____

Signature _____ Date _____

Please attach a voided check here:

For Chamber Use Only: Date Rec'd: _____ Initials: _____ Follow-up: _____