



**2010-2011 NEWBURYPORT GUIDEBOOK AD - EFT AUTHORIZATION FORM**

YES, I want to enroll in the **Electronic Funds Transfer (EFT)** program and have a portion of my **2010-2011 Newburyport Guidebook Ad** 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.

2010-2011 Newburyport Guidebook Ad Total	\$ _____
(-) Less payments received:	\$ _____
<b>TOTAL ON EFT:</b>	<b>\$ _____</b>

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a voided check here:

**For Chamber Use Only:** Date Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_ Follow-up: \_\_\_\_\_