

120 Pheasant Run
Newtown, PA 18940



AUTHORIZATION REQUEST FORM

I, _____, authorize my bank or credit card
(print name)
to make my payment by the method indicated below, and post it to my account.

Bank Name _____

Checking Account # _____ Routing # _____

PAYMENT TYPE

Visa # _____

Master Card # _____

Amex # _____

Discover # _____

Expiration Date _____

Account Holder Signature

Date

ADDITIONAL AGREEMENT FOR MEMBERS PROVIDING CHECKING ACCOUNT AS A METHOD OF PAYMENT FOR MEMBERSHIP DUES.

I understand that with my selection of a checking account for payment of membership dues that in the event that the billing is rejected by my bank, an additional charge of \$10 will be applied along with the monthly dues. The NAC will provide me with written notice if there are insufficient funds.

Payment of any uncollected monthly bill is due immediately in full, regardless of the cause, time lapse or termination status of your membership.

Account Holder Signature

Employee Signature