



Lake Houston Area Chamber Automatic Payment Authorization Form

Last Name: _____ First Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check One:

Credit Card #: _____ Expiration Date: _____ CVV Code: _____

Name on Card: _____ Billing Zip Code: _____

Bank & Account #: _____ Routing #: _____

Name on the Account: _____

I, an authorized representative of _____

(Company Name), authorize the Lake Houston Chamber of Commerce to charge my **bank account or credit/debit card, as specified above (check one)** for sponsorships for the Lake Houston Area Chamber occurring in 2017 as specified on the signed contracts.

The payment authorization is valid and will remain in effect unless I, an authorized representative of _____ (Company Name), notify the Lake Houston Area Chamber of its cancellation by sending a written notice.

Please charge my card:

Per Event/Program – 60 Days prior to each event/program

Immediately (2% Discount)

January 2, 2017 (2% Discount)

Signature: _____