



LAKE HOUSTON AREA CHAMBER *of Commerce*

Lake Houston Area Chamber Automatic Payment Authorization Form

Last Name: _____ **First Name:** _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Check One:

D Credit Card #: _____ **Expiration Date:** ____ **CVV Code:** ____

Name on Card: _____ **Billing Zip Code:** _____

D 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 2018 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 4, 2018 (2% Discount)

Signature: _____